Dr Vipul Kataria

BDS (Bristol), DPDS (Bristol), MFGDP (UK) RCS (Eng), MSc (UCL Eastman) Specialist in Endodontics GDC No. 77684



Endodontic Referral Form

Patient Information:	Choose your Clinic: Dorking Caterham Horsham	
Mr Mrs Miss Miss Ms	Forename:	DOB:
Surname: Address:	Postcode:	LOB.
Address.		
Tel (primary):	Email:	
Tooth requiring treatment:		
Reason for Referral:		
Primary root canal treatment	Re-treatment Diagnosis of pain	Second opinion
Is the tooth symptomatic?	No	
Other (please specify in as much detail as possib		
	,	
Podition du trababada Via	□ No. Decision	
Radiographs included? Yes	No Periapical:	
Bitewings: Left	☐ Right	
Following Endodontic Treat	<u>tment:</u>	
☐ Temporary restoration ☐ Permane	ent core (at additional cost)	post space (at additional cost)
Please note that no restoration will be carried ou	It without the express permission of the referring go	eneral practitioner.
Other (please state):		
Relevant Medical History (including medication	ons):	
	,	
Referring Dentist:		
Name:	Practice address:	
	Postcode:	
Signature:		Date:

Once you have completed this form, please submit it to one of the addresses below. The contents of this form will be treated in the strictest of confidence.





Horsham The Causeway Dental Surgery 8 Causeway, Horsham, West Sussex, RH12 1HE Tel: 01403 252477



Dorking Surrey Dental Specialists Allen Court 56A High Street Dorking Surrey RH4 1AY Tel: 01306 885898