



Date

Reason for referral

- | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Oral surgery | <input type="checkbox"/> | Facial rejuvenation | <input type="checkbox"/> |
| Implant | <input type="checkbox"/> | Treatment under sedation | <input type="checkbox"/> |
| Temporomandibular disorder | <input type="checkbox"/> | Treatment under GA | <input type="checkbox"/> |
| Chronic facial pain | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Referring dentist's details

Dentist's name

Practice name

Address

Telephone

Facsimile

Email

Patient's details

Name

D.O.B

Address

Telephone (home)

Mobile

Email

Referral information

Please include reason for referral and specific problem areas.

Relevant medical history

Please include any radiographs and models which may help in evaluating the patient. We will return them to you after use.

The Tatum Clinic, Highfield House, 2 Highfield Road, Edgbaston, Birmingham B15 3ED

t: 08451 22 44 88 **t:** 0121 455 8532 **f:** 0121 454 9639

e: enquiries@tatumclinic.co.uk **w:** www.tatumclinic-institute.co.uk