



**Dr Kristlee Fernandes BDS MDS
Practice Limited to Endodontics**

"The best hands and minds, constantly at work, deserve a peaceful break, with one less thing to worry about... Endodontics

I am here to help you treat your valuable patients, with the amount of care and compassion they deserve"

Patient Referral Form for Endodontic Treatments



Referral Guidelines

1. Once a patient has been referred we will contact the patient directly to arrange a consultation. Following the consultation, a full written report will be sent to you and the patient.
2. During the treatment patients are always reminded to continue to see their own general dental practitioner for regular routine examinations and any necessary treatment. The patient will be returned to the referring practitioner for definitive restoration of the root filled tooth/teeth and continuation of regular dental care.
3. Please send any relevant radiographs either electronically to info@rockdental.co.uk or by post to the address below. These will be returned to you.
4. Consultation fees are £55. The fees for root treatments are £450. Fees for re-treatment or instrument removal are discussed with the patient on a case by case basis.

Referring Dentists Details

Dentists Name: _____ Date of Referral: _____
 Practice: _____ E-Mail Address: _____
 Address: _____ Phone No: _____

Patients Details

Patients Name: _____
 Address: _____
 Date of Birth: _____
 Contact Numbers: _____
 E-Mail Address: _____
 Medical History: _____
 Reason for referral: _____
 HPC / RDH: _____
 Previous Investigations: _____
 Teeth requiring treatment _____
 Service Required: Opinion only Primary root treatment Re-treatment
 Post removal Retrieval of instrument Other (details)
 Dentists Signature: _____

Please send this form to the contact details below

Thank you for your referral



Rock House Dental Practice, The Rock, Tettenhall, WV6 8QB
info@rockdental.co.uk 01902 751 618

