MORRIS DENTAL CARE
Healthy smiles for life

Morris Dental Care, 20 Union Street, OL1 1BE, Oldham

Tel: 0161 678 7287 Web: morrisdental.co.uk E: reception@morrisdental.co.uk

DENTAL REFERRAL FORM

This form is for dental referrals and an alternative to the online form which can be found on our website.

The form can be printed for completion and then either scan it and return by email to reception@morrisdental.co.uk or send it by post to: Morris Dental Care, 20 Union Street, OL1 1BE, Oldham.

Thank you

Lizzie

Dr Elizabeth Morris
BDS, PGCert (Med Ed), PGDip (Clinical Periodontology), MSc (fixed and removable prosthodontics). MCGDent
GDC No: 150310
Principal Dentist

Referring dentist details
*Name
*Practice name
*Address
*Postcode
*Contact Tel:
*Email:
Patient details
*Name

*Address
*Postcode
*Contact Tel:
*Email:
Date of birth __ / __ / ____

Clinical information

Reason for referral

☐ Periodontology	☐ Implants	☐ Endodontics
☐ Orthodontics	☐ Prosthodontics	☐ Dentures
☐ Inhalation sedation	☐ Intravenous sedation	

☐ Other (please describe)

*Relevant clinical information

*Relevant medical history

☐ I have attached copies of radiographs

☐ I have not attached copies of radiographs

☐ *I confirm that I have consent from the patient to disclose their personal information and medical data to Morris Dental Care and that they are aware that I am doing so.

By submitting this form, you consent to the use of your personal information and your patient's personal information and medical data as set out in our Privacy policy.

*Required information