



BERKHAMSTED DENTAL PRACTICE
Caring for your family's teeth

Berkhamsted Dental Practice
Oral Surgery Referral – For the attention of Dr Fleur Mumford

Patient Details:

Name and title:

Date of birth:

Address:

Phone number:

Medical conditions and allergies:

Details of radiographs:

NB any radiographs sent digitally to info@berkhamsteddental.com must be anonymized. Please give email reference here also.

Referring Dentist's details:

Name and title:

Practice address:

Phone number and Email address:

Date of Referral: / /

Signature:

Reason for referral	Tick	Tooth/teeth or site	Comment
Patient assessment of high-risk wisdom teeth			A high-risk patient will be identified on referral x ray, this is an opportunity for the patient to fully explore their options
Removal of teeth (simple)			
Removal of teeth (difficult)			
Removal of impacted wisdom tooth (straightforward) +/- corresponding upper 8			
Removal of impacted wisdom tooth (difficult) +/- corresponding upper 8			
Removal of all 4 wisdom teeth (straightforward)			These teeth are not impacted
Removal of all 4 wisdom teeth			
Root end surgery			
Management of OAF/C			
Pre-prosthetic surgery e.g. removal of osteoma			
Pre-orthodontic surgery (soft tissue)			
Pre-orthodontic surgery (expose and bond)			
Other			Please give details

Please send all referrals for the attention of Dr Fleur Mumford, Specialist Oral Surgeon to:
Berkhamsted Dental Practice, 1st Floor, 20a, Lower Kings Road, Berkhamsted, Herts HP4 2AB

For further information either call or email using
01442 865646

or

info@berkhamsteddental.com

For Office use only:

<i>Date referral received</i>	<i>Date reviewed by Fleur Mumford</i>	<i>Date patient contacted</i>	<i>Appointment date & time</i>