Citygate Specialist Dental Clinic, Citygate, Mahon, Cork, Ireland
t 021 461 4520 **e** info@citygatedental.ie
www.citygatedental.ie

citygate
specialist dental clinic

referral form

Practice Details

Referring Dentist: ....

Signature of Referring Dentist: ....

Practice Address: ....

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Date Referred: ....

Telephone: ....

E mail: ....

Patient Details

Patient's Name: ....

Patient's Address: ....

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Date of Birth: ....

Home Telephone: ....

Mobile: ....

E mail: ....

Is the referral urgent? ❑ YES ❑ NO

Treatment Required

❑ Periodontics ❑ Prosthodontics ❑ Implants ❑ Endodontics

❑ Oral Surgery ❑ Paedodontics ❑ OPG

❑ Other ....

Medical History

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Reason for Referral

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Enclosures: ❑ Radiographs ❑ Study Models

Please tick the box if you would like more: ❑ Referral Forms ❑ Business Cards

THANK YOU FOR YOUR REFERRAL