



# TORRINGTON DENTAL PRACTICE

## Torrington Dental Practice Sedation referral form

Referral date

Patient name

Date of birth

Patients address

Postcode

Telephone number

E-mail address

Referring practice address & e-mail

Referring dentist

Private  NHS

FOR INTERNAL USE ONLY

Date: Routine  Urgent  IV  RA

Early pre-op  Phone patient  Return referral

Trusted Caring Dedicated



# TORRINGTON DENTAL PRACTICE

## Torrington Dental Practice Sedation referral form

IV sedation

Inhalation sedation

Treatment required


History of symptoms / treatment tried:

Please tick to confirm the following has been attached

Relevant radiographs

TDP medical history

FP17DN

(if not please state the reason why)

Tarka House, Halsdon Terrace, Torrington, EX38 8DY  
01805 623657 | [www.torringtondental.co.uk](http://www.torringtondental.co.uk)

As a referral service we reserve the right to return incomplete or inappropriate referral forms.  
Referrers are advised that all referrals are subject to audit with respect to their quality and appropriateness.

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