



BARBARA SWISTAK

B.D.S. (Lond), D.P.D.S. (Brist), M.Sc. (Endodontics, UCL), M.F.D.S. (RCSEng.)

JONATHAN HATTON

B.Sc. (Lond), B.D.S (Lond), M.F.D.S.(RCSEd.), P.G.Dip., M.Clin.Dent (Endo), M.R.D. (RCSEng.)

Referring Colleague

Name.....

Address.....

.....

Contact Tel. No.....E-mail:.....

Patients Details

Name.....

Address.....

.....

Contact Tel. No.....Date of birth.....

E-mail:.....

Relevant medical history.....

.....

Clinical Details

Tooth being referred for:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Pain

Swelling

Periapical radiolucency

Additional clinical information:

If you do not wish for us to place a definitive core in the tooth, please tick here:

Radiograph enclosed (please tick):