



Charing Cross Practice

Endodontic Referral Form

BARBARA SWISTAK (Registered Specialist in Endodontics)
BDS Lond, DPDS Brist, MSc Endo Lond, MFDS RCSEng

JONATHAN HATTON (Registered Specialist in Endodontics)
BSc Lond, BDS Lond, MFDS RCSEd, PG Dip, MClintDent Endo, MRD RCSEng

Date of referral:

Referring Colleague

Name.....

Address.....

.....

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

Patients Details

Name.....Date of birth.....

Address.....

.....

Contact Tel. No.....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):