

# REFERRAL TO:

**Dr. Nico Louw** (BChD (Pret); MSc (London); PhD (Stell))

**SPECIALIST ENDODONTIST Mobile 07803 044 904**

PLEASE E-MAIL TO [andosouthwest@aol.com](mailto:andosouthwest@aol.com) OR MAIL TO :

2 Taunton Rd, Bridgwater, TA6 3LW

PATIENT'S NAME .....

D.O.B        /        /

ADDRESS .....Postal Code .....

Telephone (*Please ensure that the patient CAN be reached at some of these numbers!*)

Home: .....Work: ..... Mobile .....

E-mail address .....

## CLINICAL DETAILS

Tooth/Teeth Involved .....

Level of Discomfort? (Please underline) Slight, Moderate, Severe, Emergency, Sepsis

Is the tooth? (Please underline) Vital. Previously root treated. Crowned

Is the patient's health compromised? YES/NO (Please underline) (Write details overleaf!)

OTHER RELEVANT INFORMATION .....

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Please enclose relevant RADIOGRAPHS.They can be useful in diagnosis and assessment.

(All material will be returned!)

NB WAS THE PATIENT INFORMED ABOUT THE COST IMPLICATIONS? YES/NO (Please underline)

REFERRING PRACTICE'S NAME AND ADDRESS .....

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Phone number.....E-mail .....

Referring Dentist .....

DATE .....