

Dr Vipul Kataria

BDS (Bristol), DPDS (Bristol), FCGDent, PG Cert RDP (UCL Eastman),
MSc (UCL Eastman)
FICDGDC No. 77684



Endodontic Referral Form

Patient Information:

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Prof ☐ Rev ☐ Other ☐

Surname: _____ Forename: _____ DOB: _____

Address: _____ Postcode: _____

Tel (primary): _____ Email: _____

Tooth requiring treatment:

Reason for Referral:

☐ Primary root canal treatment ☐ Re-treatment ☐ Diagnosis of pain ☐ Second opinion

Is the tooth symptomatic? ☐ Yes ☐ No

Other (please specify in as much detail as possible): _____

Radiographs included? ☐ Yes ☐ No Periapical: _____
Bitewings: ☐ Left ☐ Right

Following Endodontic Treatment:

☐ Temporary restoration ☐ Permanent core (at additional cost) ☐ Prepare post space (at additional cost)

Please note that no restoration will be carried out without the express permission of the referring general practitioner.

Other (please state): _____

Relevant Medical History (including medications): _____

Referring Dentist:

Name: _____ Practice address: _____

Postcode: _____

Signature: _____ Date: _____

By signing this form, you have confirmed you have the patient's permission to send their information on this referral

Once you have completed this form, please submit it to one of the addresses below. The contents of this form will be treated in the strictest of confidence.



Coulsdon
Ivory Dental
28 Brighton Rd
Coulsdon
CR5 2BA
Tel: 0208 668 2579



Dorking
Surrey Dental Specialists
Allen Court
56A High Street
Dorking
Surrey RH4 1AY
Tel: 01306 885898



Wimbledon
Wimbledon Dental Wellness
First Floor
5-7 Wimbledon Bridge
London
SW19 7NH
Tel: 020 8150 3737