READING DENTAL SEDATION CLINIC

165 Oxford Road, Reading, Berkshire, RG1 7UZ
Tel: 0118 939 4666 Fax: 0118 958 7086

PATIENT REFERRAL FORM

PATIENT DETAILS

Date

Surname

First Names

Date of Birth

Male ☐ Female ☐

Telephone Nos.

Address

POSTCODE

EXEMPT ☐ PRIVATE ☐

TREATMENT REQUIRED

Conservation

Has the patient been to the clinic previously

Extractions (Please specify if surgical)

Other Treatment

Mediacl Conditions

Cardiac Problems 1. e.g.angina murmur ☐	5. Epilepsy ☐
2. Rheumatic fever ☐	Allergies 6. (please specify)
Respiratory problems 3. e.g. asthma ☐	7. Bleeding / Clotting problems ☐
4. Diabetes ☐	8. Sickle cell status ☐
Any other relevant 9. information / medication	

Name:

Address:

Tel. No.

Signature