



Stapenhill Dental Care

Stapenhill Dental Care, 6 St Peters Street, Stapenhill, Burton on Trent, DE15 9AW

Tel: 01283 567 437

Dentist Referral Form for Intravenous Sedation

Referring Dentist Details

Full Name: Date of referral:

Address:

.....
.....

..... Post code:

Telephone: E-mail:

Patient Details

Patient's Name: Date of Birth:

Patient's Address:

..... Post Code:

Home Tel: Work Tel:

Mobile Tel: E-mail:

Reason for Referral (patients specific anxiety i.e needles):

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Treatment required:

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Medical History:

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Radographs included: YES/NO

Once completed referrals should be sent via the following methods:

E-mail: Stapenhilldentalcare@hotmail.com

Post: Referrals, Stapenhill Dental Care, 6 St Peters Street, Stapenhill, Burton on Trent, DE15 9AW.