BILLIS ENDODONTICS
REFERRAL-ONLY ENDODONTIC PRACTICE

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FOR REFERRING DENTISTS

Endodontic Referral Form

Dr George Billis, BDS, MSc, Specialist in Endodontics

PLEASE SEND THIS FORM TO

Billis Endodontics, Gateway Dental
73 Station Road, Burgess Hill
West Sussex RH15 9DY

REFERRING DENTIST

Name

Practice

Address

Post code

Tel

Email

PATIENT DETAILS

Name

Date of birth

Address

Post code

Tel (home)

Tel (work)

Tel (mobile)

Email

PATIENT MEDICAL HISTORY

REFERRAL DETAILS

Which tooth/teeth require endodontic assessment/treatment?

Please describe the history of the patient's complaint, symptoms and clinical signs

Have you enclosed any radiographs? ☐ Yes ☐ No (please tick as appropriate)

Signed

Date