GHYLLMOUNT
Dental Practice

4 Hobson Court, Penrith, CA11 9GQ
referrals@ghyllmountdental.co.uk 01768 862291

Referring Dentist

Name of Referral Dentist ..... Address .....

Telephone..... .....

Email..... Postcode.....

Patient Details

Title..... Address

First Name..... .....

Last Name..... .....

Telephone..... .....

Mobile..... Postcode.....

Email..... Date of Birth.....

Referral for: Please tick

- ◯ Periodontics
- ◯ Endodontics
- ◯ Implants
- ◯ Orthodontics
- ◯ Sedation
- ◯ Restorative Dentistry
- ◯ Facial Aesthetics
- ◯ Oral Surgery

If 'Oral Surgery', where possible, please attach radiograph showing all of the tooth including roots.

Referral Information (Please also indicate patient relevant medical history and reason for referral)

At Ghyllmount Dental Practice, we take great care with all the Personal Data we hold, to ensure we comply with best professional practice and with the law. For a full copy of our Data Privacy Notice please see our website.