# BARKINGSIDE ENDODONTIC PRACTICE

47A High Street, Barkingside, Essex IG6 2AD
Telephone: 020 8550 4433
Fax: 020 8551 7859

## PATIENT REFERRAL FORM

Dr. Eleni Machmouridou DipDs MSc
Practice limited to Endodontics

Endodontist: .....

Patient Name: Mr/Mrs/Miss/Ms .....

Date of Birth / /

Address: .....

.....

Phone Number: ..... Home ..... Work

Relevant Medical Information: .....

Have we seen the patient before YES/NO

### CLINICAL DETAILS

Tooth/Teeth .....

Reasons for referral: .....

.....

.....

.....

Consultation only / Treatment

Antibiotic cover required: YES/NO

Tooth previously root treated: YES/NO

Swelling: YES/NO

Radiographs enclosed: YES/NO

Pain: YES/NO If yes - Severe/Moderate/Mild

**Practitioner's NAME & ADDRESS**

**TELEPHONE** **FAX**