Smile&Face*
at Houstons

COSMETIC REFERRAL FORM

1) Contact Details:

PATIENT NAME ……..	DENTIST NAME ……..
ADDRESS ……..... …… …… …… ……	ADDRESS …….. …… …… …… ……
TEL ……	TEL ……
D.O.B ……..	

2) Treatment Details:

TOOTH / TEETH INVOLVED	……
PRESENTING COMPLAINT	……
RADIOGRAPHS PROVIDED	Y / N
CLINICAL PHOTOGRAPHS PROVIDED	Y / N

3) Medical History:

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4) Additional comments

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Please fax the completed form to 01934 422349
or post them to the practice

Duplicates of this form are available in PDF format at
www.houstondentists.co.uk