



The Parkway
Private Clinic

Parkway Clinic
Lamberts Road
SA1 Waterfront
Swansea
SA1 8EL

Tel: 01792 455780

Email: enquiries@parkwayclinic.co.uk

Web: www.parkwayclinic.co.uk

PRIVATE SPECIALIST REFERRAL FORM

Please PRINT in BLOCK capitals

<p>PATIENT DETAILS:</p> <p>Name:</p> <p>Date of Birth: Male / Female</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Post Code:</p> <p>Home Telephone No:</p> <p>Mobile Telephone No:</p> <p>Email address:</p>	<p>REASON FOR REFERRAL (please tick):</p> <table border="0"> <tr><td>Implants</td><td><input type="checkbox"/></td></tr> <tr><td>Endodontics</td><td><input type="checkbox"/></td></tr> <tr><td>Hygienist</td><td><input type="checkbox"/></td></tr> <tr><td>Tooth Whitening</td><td><input type="checkbox"/></td></tr> <tr><td>Prosthetics</td><td><input type="checkbox"/></td></tr> <tr><td>Crown & Bridgework</td><td><input type="checkbox"/></td></tr> <tr><td>Tooth Wear</td><td><input type="checkbox"/></td></tr> <tr><td>Oral Surgery</td><td><input type="checkbox"/></td></tr> <tr><td>Oral Medicine</td><td><input type="checkbox"/></td></tr> <tr><td>Facial Pain/TMJ</td><td><input type="checkbox"/></td></tr> <tr><td>Medico-Legal</td><td><input type="checkbox"/></td></tr> <tr><td>Other (please state)</td><td></td></tr> </table>	Implants	<input type="checkbox"/>	Endodontics	<input type="checkbox"/>	Hygienist	<input type="checkbox"/>	Tooth Whitening	<input type="checkbox"/>	Prosthetics	<input type="checkbox"/>	Crown & Bridgework	<input type="checkbox"/>	Tooth Wear	<input type="checkbox"/>	Oral Surgery	<input type="checkbox"/>	Oral Medicine	<input type="checkbox"/>	Facial Pain/TMJ	<input type="checkbox"/>	Medico-Legal	<input type="checkbox"/>	Other (please state)	
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<p>REFERRER DETAILS:</p> <p>Referring Practitioner:</p> <p>Practice Address:</p> <p>.....</p> <p>.....</p> <p>Practice Telephone No.:</p> <p>Practice email address:</p> <p>Date of Referral:</p>	<p>FOR TREATMENT UNDER:</p> <p>Local Anaesthetic <input type="checkbox"/></p> <p>Local Anaesthetic / Sedation <input type="checkbox"/></p> <p>General Anaesthetic <input type="checkbox"/></p>																								

All referrals must be returned to Parkway Clinic, Lamberts Road, SA1 Waterfront, Swansea, SA1 8EL



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REFERRAL DETAILS:

(Please give as much information as possible, e.g. any patient requirements)

MEDICAL HISTORY:

Relevant medical history (including current medication)

ENCLOSURES:

Radiographs	
Study models	
Diagnostic wax-up	
Other (please state)	
None	

I confirm I have the patient's consent to share this information
(please tick)

Name of Practitioner:
(Please print)

Signature of Practitioner: Date:

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