Sedation Referral Form

Please complete this form in **BLOCK CAPITALS** in ink.

Date: D D / M M / Y Y Y Y

Type of Referral: ☐ Independent ☐ NHS ☐ Urgent ☐ Routine

Has the patient been to the practice before? Yes ☐ No ☐

NHS Number:

☐ RA Inhalation Sedation (Age 6 & over) ☐ IV Consious Sedation (Age 18 & over)

Perfect Smile Acton
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PERSONAL DETAILS

Title e.g. Mr/Mrs/Ms: Date of Birth: D D / M M / Y Y Y Y

First Name: Surname:

Email:

Telephone Number: Mobile Telephone Number:

Address:

Town: Postcode:

Main Occupation:

TREATMENT REQUIRED

(see overleaf)*

Conservation (details):

Extractions:

Other Treatment (details):

REASON FOR REFERRAL

☐ Anxiety ☐ Needlephobia ☐ LA ineffective ☐ Patient request ☐ Other (details):

Treatment plan agreed with patient ☐ Appropriate radiographs enclosed ☐

Relevant Medical History:

Practice Name:

Referring Dentist:

Referring Dentist Email:

Address:

Telephone Number:

Signature: _____

Please Note: Any relevant X-rays must be sent with this referral form along with the patients latest Medical History Form

Patient Information

1. Where you are referred to another practitioner or service provider for part of a course of NHS dental treatment, you will only be required to pay one NHS charge. The NHS charge will be paid to the practitioner who refers you.

2. Where you are referred to another practitioner or service provider for a new course of NHS treatment, such as a course of treatment involving sedation or domiciliary (home) visits, you will pay the appropriate NHS patient charge for that course of treatment to the practitioner providing treatment. The dentist who referred you may also need to charge you for any treatment provided before you were referred.

3. The primary dental service contractor you are referred to will provide you with a treatment plan listing the treatment they are to provide (unless you have been referred for an examination and advice only). You may choose to have some treatment privately as an alternative to NHS treatment. If you wish to have some private treatment then you will be provided with a written estimate beforehand, on the treatment plan.

4. If you do not wish to be referred to the particular practitioner or service provider detailed on this form, please let your dentist know, either verbally or in writing and they will endeavour to make other suitable alternative referral arrangements.

Please note that we provide a sedation service for nervous children and adults for routine dentistry including fillings, extractions (also orthodontic extractions). At present, we do not offer a service for advanced oral surgery i.e. impacted 8s, apicectamies, periodontics, or Complex Endodontics. With regards to endodontics, we can attempt extirpation and dressing of a hypersensitive tooth under sedation and refer the patient back to you for completion of the root treatment under routine LA.

Please also note, RA inhalation sedation may not be effective enough for a child who is extremely nervous or needlephobic. In such cases and where a child requires extensive fillings or multiple deciduous extractions, or permanent molar extractions, referral to hospital for treatment under GA may be more appropriate.

With regard to the patient's medical condition, we will be unable to accept patients who have a compromised heart or lung condition, breathing problem, or who are insulin dependent. If in doubt, please call us to clarify.

Please ensure that you have discussed and agreed the treatment plan with the patient and informed them of why they are being referred for sedation. Please remember to send appropriate radiographs.

PERFECT SMILE

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