



Dr. Najeeb Hussain

SEDATION REFERRAL FORM



Morden Smiles

PRACTITIONER AND PRACTICE DETAILS:

Name of Practitioner

Practice Name

Address

Telephone

Email

PATIENT DETAILS:

Title

DOB

Name

Address

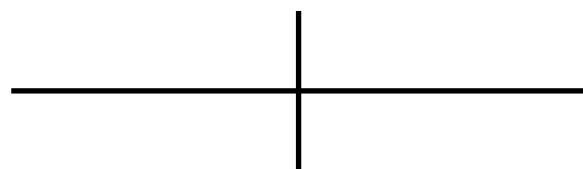
Telephone

Email

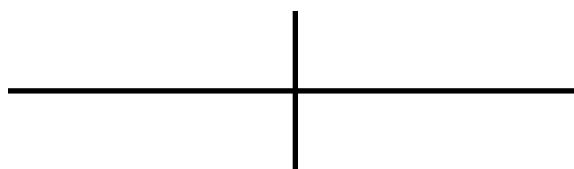
MEDICAL HISTORY

TREATMENT REQUIRED

RESTORATION(S) (details):



EXTRACTION(S) (details):



OTHER TREATMENT: (details)

ADULT

PAEDIATRIC

URGENT?

YES
 NO

REASON FOR REFERRAL:

ANXIETY

NEEDLE-PHOBIA

LA INEFFECTIVE

PATIENT REQUEST

OTHER (details):

TREATMENT PLAN AGREED WITH PATIENT

APPROPRIATE RADIOGRAPHS ENCLOSED

Signed by Dentist:.....

Date:.....

Morden Smiles

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