Sharrow Vale DENTAL CARE

CONSCIOUS SEDATION REFERRAL

262 Sharrow Vale Road, Sheffield, S11 8ZH
Tel: 0114 268 6076
Website: www.sharrowvaledentalcare.co.uk
www.sheffielddentalsedation.co.uk

PATIENT DETAILS:

FIRST NAME.....SURNAME.....

ADDRESS.....

.....

POST CODE.....DATE OF BIRTH.....

TEL HOME.....

MOBILE/WORK.....

REFERRING DENTIST DETAILS:

DENTIST NAME.....

PRACTICE.....

.....

POST CODE.....

TEL.....

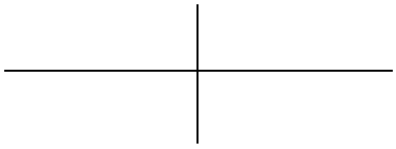
REFERRAL DATE .....

REFERRAL DETAILS:

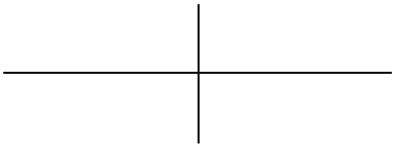
URGENT? Y/N

PLEASE ATTACH ANY RELEVANT RADIOGRAPHS WITH EXPOSURE DATE

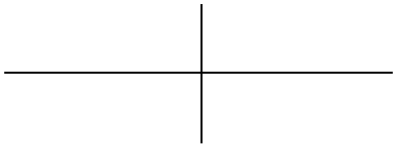
EXTRACTION:



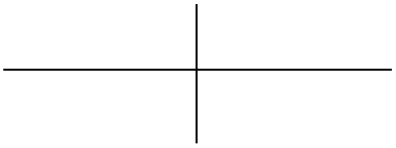
CONSERVATION:



ROOT CANAL
(INCISORS AND PRE MOLARS ONLY):



CROWN LENGTHENING SURGERY:



JUSTIFICATION FOR SEDATION:

ANXIETY ☐ NEEDLE PHOBIA ☐ GAG REFLEX ☐ LA FAILURE ☐

UNPLEASANT TREATMENT ☐ CO-OPERATION ☐ OTHER (PLEASE STATE BELOW) ☐

.....

PLEASE COMPLETE FOLLOWING PAGE

MEDICAL HISTORY DETAILS

PLEASE INDICATE **ALL** MEDICAL CONDITIONS YOUR PATIENT SUFFERS FROM:

• HEART PROBLEMS	YES/NO
• BLOOD PRESSURE PROBLEMS	YES/NO
• RESPIRATORY PROBLEMS	YES/NO
• DIABETES	YES/NO
• EPILEPSY	YES/NO
• LIVER/KIDNEY PROBLEMS	YES/NO
• EXCESSIVE BLEEDING/BRUISING	YES/NO
• INFECTIOUS DISEASES	YES/NO
• MENTAL HEALTH PROBLEMS	YES/NO
• PREGNANT/ BREAST FEEDING	YES/NO
• SMOKER/E-CIG USER	YES/NO
• RECREATIONAL DRUGS	YES/NO
• ANY MEDICATIONS	YES/NO
• COMMUNICATION ISSUES	YES/NO
• MOBILITY ISSUES	YES/NO

DETAILS:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

THANK YOU FOR YOUR REFERRAL

PLEASE TICK HERE IF YOU REQUIRE MORE REFERRAL FORMS:

☐