

## Referral Form

Professor Andrew Eder

Specialist in Restorative Dentistry and Prosthodontics

Referred By \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

Patient Details Title \_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Additional Information

Reason for Referral:  Generalised tooth wear  Localised tooth wear

TMJ problems  Sensitivity  Sharp teeth  Appearance  Other

If other please give details \_\_\_\_\_

Would you like us to provide?

Consultation and treatment planning advice only  Comprehensive management

This supporting information is enclosed/will be brought by the patient:

Documents  Study casts  Radiographs  Photographs