



# Dental Artistry Referral Centre

6-8 High Street  
London  
N8 7PD

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www.dentalartistry.co.uk

## PATIENT DETAILS

Patient Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Sex: Male  Female

## TREATMENT REQUIRED

- Same day cad-cam resotations
- Surgical removal of impacted wisdom teeth
- Surgical removal of other impacted teeth
- Surgical removal of buried roots
- Occlusal splint therapy
- Snoring/sleep appliance therapy
- Advanced toothwear/smile design
- Implant treatment
- Orthodontics
- Periodontology
- Endodontics
  
- Tooth \_\_\_\_\_
- Sedation (IV)

## RELEVANT MEDICAL HISTORY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERRED BY

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Date: \_\_\_\_\_

## OTHER INFORMATION