GallionsReach
Everyone deserves dental excellence

Gallions Reach Dental Clinic Ltd
Bentham Road
Thamesmead, London SE28 8BE
tel 020 8312 3363
fax 020 8310 9699
www.gallionsreachdentalclinic.co.uk
Company Registration No. 7446565

PATIENT REFERRAL FORM

This form is for the referral of patients to Gallions Reach Dental Clinic only.
Thank you for placing your trust in us.

NORMAL REFERRAL PROCEDURE

Please book an appointment by completing all the appointment details below and returning the form in the envelope provided. Alternatively you may fax the form on 020 8310 9699.

PATIENT DETAILS

first name surname

address

postcode

telephone home telephone work

date of birth ☐ nhs exempt ☐ independent -please tick as appropriate

TREATMENT REQUESTED

☐ child ☐ adult

Extraction

R L

Conservation

R L

please detail any relevant information, including
medical history, which might affect the provision of treatment

URGENT PATIENT REFERRAL

date | | | | time

please forward any relevant radiographs

PATIENT REFERRED BY

practice stamp

telephone

Mr Anthony Bendkowski BDS(Lon) LDSRCS(Eng) MFGDP(UK) DipDSed(Newc) DPDS(Bris) M Surg Dent RCS(Eng)
Mr Jonathan Townsend BDS(Lon) LDSRCS(Eng) M Surg Dent RCS(Eng)

Urgent referrals please call us on 020 8312 3363