CANTERBURY PROSTHETIC DENTISTRY

Referral Form

Dear Dr Cashman, I would be grateful if you would see Mr / Mrs / Dr / Miss / Ms

Patients name ....

Address ....

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Phone .... D.O.B ...... / ...... / ......

For a consultation regarding ....

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- ◯ Please provide a second opinion and treatment plan only
- ◯ Please carry out the following treatment
- ◯ Please carry out treatment as per the patient's concerns and wishes
- ◯ Please return enclosed items on completion of treatment/as soon as possible (cross out as necessary)

Enclosures ....

From .... Date ...... / ...... / ......

Practice name ....

Practice address ....

.... Postcode ....

Phone .... Mobile ....

Email ....

Thank you for your referral. I will keep you informed with communications at various stages i.e. proposed treatment plan, treatment is deferred, completion of treatment with maintenance advice. Patients will be referred back to your care on completion of treatment however depending on the intervention carried out, review appointments with me may be indicated in addition to your regular follow up schedule.

Paul Cashman BDentSc, MS, FACP, FFDRCSI
Specialist in Prosthodontics
03 356 0597

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