

REFERRAL PROFORMA

To: Mr M. F. W-Y Chan,
Consultant in Restorative Dentistry,
The Yorkshire Clinic,
Bradford Road,
Bingley,
BD16 1TW

From: Referring Dentist:
Name/Title:
Address:

Postcode:

Telephone No:

Fax No:

E mail address:

Patient Details:

Name/Title:

Date of Birth:

Address:

Postcode:

Home Tele:

Work Tele:

Mobile:

E mail address:

Referral for: Advice only
Advice and possible

Enclosures: X-rays
Photographs
Study models
Others

Referral information:

Additional information: