



shields

DENTAL & IMPLANT CLINIC

Referral Form

10 Ashdown Centre, Courtbrack Avenue

South Circular Road, Limerick

Tel 061 480070 | Email hello@shieldsdentalclinic.ie

Please be assured we will neither approach nor accept your patient for non-referred treatment.

Practice Details	
Practitioner Name	
Practitioner Address	
Phone	
Email	

Patient Details	
Name	
Address	
Date of Birth	
Telephone	
Mobile	
Email	
Is this referral urgent	

Reasons for Referral	
<input type="checkbox"/> Implants (missing teeth)	<input type="checkbox"/> Periodontist (gum care)
<input type="checkbox"/> Orthodontics (tooth straightening)	<input type="checkbox"/> Endodontics (root canal)
<input type="checkbox"/> Occusal/TMD	<input type="checkbox"/> Restorative
<input type="checkbox"/> Sedation (IV/RA)	<input type="checkbox"/> CBCT Scan
<input type="checkbox"/> Dental	

History/Comments

Signature:

Date: