



shields

DENTAL & IMPLANT CLINIC

Referral Form

10 Ashdown Centre
Courtbrack Avenue
South Circular Road
Limerick

Unit 15
Castletroy
Shopping Centre
Limerick

24/25
Main Street
Roscrea
Co. Tipperary

Tel: 061 480070 | Email: referrals@shieldsdentalclinic.ie

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

Practice Details	
Dentist Name	
Practice Name	
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"/> Orthodontics (tooth straightening) <input type="checkbox"/> Occusal/TMD <input type="checkbox"/> Sedation (IV/RA) <input type="checkbox"/> Dental	<input type="checkbox"/> Periodontist (gum care) <input type="checkbox"/> Endodontics (root canal) <input type="checkbox"/> Restorative <input type="checkbox"/> CBCT Scan

Relevant Medical History/Comments

Signature: Date:

Please scan and send back to referrals@shieldsdentalclinic.ie

www.shieldsdentalclinic.ie