

10 Ashdown Centre
Courtbrack Avenue
South Circular Road
Limerick

Unit 15
Castletroy Shopping Centre
Limerick

24/25 Main St
Roscrea
Co. Tipperary

Unit 25
Frascati Centre
Blackrock
Co. Dublin



shields

DENTAL & ORTHODONTIC CLINIC

www.shieldsdentalclinic.ie

Tel: (+353) 061 480070 | Email: referrals@shieldsdentalclinic.ie

Referral Form

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

Practice Details

Practice Name	
Dentist Name	
Phone	
Email	

Patients Details

Name	
Address	
Date of Birth	
Telephone	
Mobile	
Email	
Is the referral urgent?	

Reason for Referral

- | | |
|--|--|
| <input type="radio"/> Implants (missing teeth) | <input type="radio"/> Dental |
| <input type="radio"/> Orthodontics (teeth straightening) | <input type="radio"/> Periodontist (gum care) |
| <input type="radio"/> Occusal/TMD | <input type="radio"/> Endodontics (root canal) |
| <input type="radio"/> Sedation (IV/RA) | <input type="radio"/> Restorative |

Relevant Medical History/Comments

Signature: Date:

Please scan and send back to referrals@shieldsdentalclinic.ie