GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda Hywel Dda University Health Board

Oral Surgery Referral Form

All NHS Referrals must be made with this form

Referring practitioner to complete both sides.

Incomplete forms will be returned.

Prioritisation:

Routine ☐ Urgent ☐ USC ☐

Please fax USC to: 01792 531264

GDP/CDO/Practice Stamp / Name & Address:	**LHB use only:** Date Rec'd: Patient identifier:
Please use BLOCK CAPITALS **Patients surname:** **First name:** **Date of birth:** **Address:** **Postcode:**	**Gender:** Male ☐ Female ☐ Height: Weight: BMI: **NHS Number:**

Home Telephone:

Mobile:

Work Telephone:

Reason for Referral (please tick all relevant boxes)**:**

Trauma ☐ Hypodontia ☐ TMJ ☐ CLP ☐ Oral Medicine ☐ Dental Alveolar ☐ Wisdom Teeth ☐

GA ☐ Local Anaesthesia ☐ Local Anaesthesia & Sedation ☐

N.B. *If referring for GA or sedation, by signing this form you have given your assurances that the patient has been counselled appropriately at the time of referral*

Enclosures (relevant especially for first line reasons for referral):

OPT ☐ Intra-orals ☐ Study models ☐ Other *(please specify)* ☐

X – Ray included ☐ Yes ☐ No

If no, why? …

Date of last x-ray … … … … … … … … … … … … …

Clinical Details:

Relevant Medical History (including current medication)

Other Relevant Clinical Findings:

Practitioner Signature: **Date:**

Name in BLOCK CAPITALS:

Please return completed form to: Oral Surgery Referral Management Centre, Hywel Dda University Health Board Dental Services, The Conference Centre, Withybush Hospital, Fishguard Road, Haverfordwest, SA61 2PZ

If you have any queries please contact the Dental Services Team on 01437 834409 or 01437 834430.