## Referral for Private Minor Oral Surgery - Dr. T. Bradshaw



## Acorn Dental Surgery - Riverdale Healthcare Group

Acorn Dental Surgery, 73 Gosforth High Street, Gosforth, NE3 4AA gosforthreceptation@riverdalehealthcare.com / 0191 213 2001

Patient Details:	Referring Dentist Details:
Patient Name:	Dentist Name:
Patient Contact	Practice Contact
Number/s:	Number:
Patient Email:	Practice Email:
Patient Home Address:	Practice Address:
Postcode:	Postcode:
Date Referral Sent:/	
Reason for Referral:	
Medical History:	
Has the patient experienced extraction before: Yes / No	
Additional details:	
At Agorn Dontol we pride ourselves on our manage	amont of anxious nationts under local
At Acorn Dental we pride ourselves on our manage anaesthetic. If you believe this patient to be very a	·
local anaesthetic, your referral may best be re-dire	•
available at Acorn Dental Surgery.	
Suitable for treatment under Local Anaesthetic: Yes / No	
Radiograph Included: Yes / No Radiograph Type:	
Justification for no radiograph:	
Statement of Referring Dentist: Please tick -	
I have discussed with, and gained consent from, the above-named patient for their referral to Acorn Dental Surgery for consultation and treatment if appropriate.	
The patient is aware of the involved Private charges per tooth depending on the complexity of	
surgery. This will involve a non-refundable £50 consultation deposit taken prior to attendance which will be deducted from the total cost of treatment.	
Price Breakdown – Examples (Not Comprehens	sive):
Simple - £200: Routine, root canal treated, post-cores.	

Complex - £250: Decoronated teeth, retained roots, curved roots, maxillary 8's.

Additional Surgical - £350: Impacted 8's, OAC closure, bone removal.