

Mamdouh Al-Chihabi

SPECIALTY DENTIST IN PAEDIATRIC DENTISTRY

BDS, MFDS (RCS,Edin)
MClintDent in Paediatric Dentistry (Univ College London, Eastman Dental Institute)
British Society of Paediatric Dentistry (BSPD Member)



THE BRAMHOPE DENTAL CLINIC
2 BREARY LANE EAST
BRAMHOPE
LEEDS
LS16 9BJ

TELEPHONE: 0113 230 0359
MOBILE: 07595 052 773
FACSIMILE: 0113 261 3789
EMAIL: mamdouh@bramhopedentalclinic.co.uk
WEBSITE: www.bramhopedentalclinic.co.uk

Referral form

_____ 20 _____

PATIENT DETAILS

Name _____

Sex M / F DOB ____ / ____ / ____

Address _____

_____ Postcode _____

Tel No: Home _____ Work _____ Mobile _____

REFERRAL REASON

HISTORY OF PRESENT COMPLAINT

RELEVANT MEDICAL HISTORY/ inc. medications/allergies

Any treatment carried out already (It would be helpful if a radiograph is forwarded with this form)

Other relevant information

Signature _____ Name (CAPS) _____

Referring GDP Details: GDP Address _____

GDP Tel No: _____ GDP Email: _____