



wayne p williams
 specialist prosthodontist
 20 denton road
 wokingham, berkshire
 RG40 2DX

Patient Referral

From:

Tel:

E-mail:

Date: ____/____/ 20____

Patient Details

Name: _____

Date Of Birth: _____

Address: _____

Postcode: _____

Tel (Home): _____ (Daytime): _____

(Mobile): _____

E-mail: _____

Treatment Required

Comprehensive assessment		Endodontics	
Dental implant/s		Prosthetics	
Crown and bridge		TMJ, TMD, splint therapy	
Advanced local anaesthetic techniques		Occlusal analysis/ treatment	
Radiological (digital) assessment		Periodontal assessment/ therapy	

Further Specific Requests: _____

Please Indicate If You Have Supplied

Radiographs		Study Models		Other:	
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Has the patient been informed of the consultation fee (£145)? Yes No
 (£50 refundable upon acceptance of treatment)

Do you want us to contact the patient to arrange an appointment? Yes No