Tonbridge Dental Centre
155 High Street. Tonbridge, Kent, TN9 1BX
01732 361934

Tonbridge Dental Centre Referral Form

PLEASE COMPLETE FULLY AND RETURN TO: Tonbridge-tco@idhgroup.co.uk
Please enclose any relevant radiographs

Patient details: Name: Gender: ☐ Female ☐ Male Date of Birth: NHS no Address: Postcode: Telephone (please tick preferred contact): ☐ Home: ☐ Work: ☐ Mobile:	**Referrer details:** Name: Role: Address (or practice stamp): Postcode: Telephone: Fax: Email:
For minors: Next of kin name: Relationship:	Contact details: (if different from above)
Diagnosis:	
Proposed Treatment:	
Relevant Medical, Dental and Social History:	
Signature:	**Date:**