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**Dr Chinh Nguyen**  
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**Dr Udit Bhatnagar**  
BOHDS<sub>c</sub>, GDipDent, DCD (paed dent)

### PATIENT'S DETAILS

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### REASON FOR REFERRAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant medical & dental history:

\_\_\_\_\_  
\_\_\_\_\_

Relevant treatment carried out to date:

\_\_\_\_\_  
\_\_\_\_\_

### REFERRED BY

Surgery's name: \_\_\_\_\_

Referring doctor: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or attach any relevant X-rays