



Watton Place Clinic
Oral Surgery

Referral Form for Minor Oral Surgery Procedures under Local Anaesthetic

Patient Details:

Full Name: D.O.B:

Address:

..... Postcode:

Contact Number: Home: Mobile: Work:

Treatment requested:

Radiographs included: Yes/No (All radiographs sent to us will be returned)

Relevant Medical History:

Referring Dentist Details:

Name: Contact No:

Practice Details:

..... Signed:

Dr. R. Chauhan BDS (London),
FDSRCS (England), FFDRCS (Ireland)

Specialist in Oral Surgery

Watton Place Clinic
60 High Street
Watton-at-Stone
Hertfordshire
SG14 3SY

t 01920 830033

f 01920 830651

e oralsurgery@wattonplaceclinic.com

www.wattonplaceclinic.com