

The Town House Patient Referral Form

We would like to thank you for considering the Town House as a referral service. We want to make the referral process to be as simple as possible. Please complete the below form and we will be in contact with both you and your patient. If you or your patients have any further questions, please do not hesitate to contact us on 01892 616062 or email hello@thetownhouse.co.uk.

Referral Type

Date of referral

Referring dentist details

Practitioner name

Practice email address

Practice address

Patient details

Patient name

Patient date of birth

Patient contact number

Patient email address

Patient address

Presenting complaints and clinical history

Patient medical history

Enclosures

Urgency

Urgent Non-urgent

**Please send the completed form along with x-ray and supported documents to us at
The Town House, 16 Newton Road, Tunbridge Wells, TN1 1RU.**