CENTRAL DENTAL CARE

Central Health Centre
North Carbrain Road
Cumbernauld
G67 1BJ
Tel No. 01236 734646/724569
WEB: www.dentistcumbernauld.co.uk
Email: info@dentistcumbernauld.co.uk

IV Sedation Patient Referral Form

Patient Information:

Name:

Address:

Postcode:

DoB:

Tel No.:

Medical/Dental History (Please include sedation/GA history):

Treatment Plan:

Referrer Stamp:

GDC Number:

Contact Number:

Signature:

ASA Category (include details):

(Please delete as applicable)

NHS/Private Treatment and Sedation

Radiographs Enclosed: Yes/No