**: :King’s College London Dental Institute: :**

***Guy’s & St Thomas’ NHS Foundation Trust***

Undergraduate Appointment Centre

*Floor 25, Tower Wing*

Guy’s Hospital

Great Maze Pond*, London SE1 9RT*

*Email:* [*gst-tr.UndergraduateReferrals@nhs.net*](mailto:gst-tr.UndergraduateReferrals@nhs.net)

*Tel 020 7188 7236*

1. **PATIENT DETAILS**

**Date of Referral:**

**Patient’s Date of Birth:**

**Sex** *(please tick)* √

**Patient’s Surname:**

**FEMALE**

**Patient’s Forename:**

**MALE**

**Surname (family name) at birth (if different):**

**Contact Address:**

**House Name/Number**

**Street Name**

**Town/City or County**

**Postcode:**

**Home Phone:**

**Mobile:**

**Email:**

**Hospital Number:** *(if already registered)*

**NHS Number***: (MANDATORY)*

**Ethnicity:**

**2. GENERAL MEDICAL PRACTITIONER**

*This information is required to identify the Primary Care Trust of referred patients and to enable the GP to be copied into relevant correspondence by the consultant. Patients’ should bring the details of their GP to the hospital when they attend*

**GP Name:**

**Practice address**

**of GP:**

**Please tick the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you currently have your own Dentist?** | **Yes:** |  | **No:** |  |
| **Do you have complete or partial dentures?** | **Yes:** |  | **No:** |  |
| **Is your problem related to complex gum treatment?**  **If your problem relates to complex gum treatment you will not be accepted.** | **Yes:** |  | **No:** |  |
| **Is your problem related to Dental implants?**  **If your problem relates to implants you will not be accepted.** | **Yes:** |  | **No:** |  |
| **Is your problem related to Orthodontics?**  **If your problem relates to Orthodontics you will not be accepted.** | **Yes:** |  | **No:** |  |
| **Have you ever attended the Guy’s and St Thomas’ Dental Institute?** | **Yes:** |  | **No:** |  |

**Is there any other information we need to know?**

I have read and understand the information leaflet *Your Dental Care by Dental Students* (available from reception or to download from Guy’s and St Thomas’ website) and agree to be considered for treatment by an undergraduate dental student

Signed: ……………………………………………… Date:………………………..