



93 Robin Hood Way, London SW15 3QE T. 02086179180 E. reception@cherrytreedentistry.co.uk

Sedation Referral Form

Patient Information	
Name	Address line 1
D.O.B	Address line 2
Home Tel	City/Town
Mobile	Post code

GP Details	
GP Name:	GP Address Line 1
Clinic name	GP Address Line 2
Clinic Tel	Post code

Treatment Required:

Medical/Dental history, please include ASA category

Sedation required, please tick	Inhalation Sedation (gas+air)	IV Sedation
--------------------------------	-------------------------------	-------------

Radiographs enclosed	Yes	No
----------------------	-----	----