Dr Jonathan Murgraff

MSc(Endodontics)(Lond), BDS(Lond), LDS RCS(Eng)

Endodontics practice

Hendon
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London NW4 3BP

Main switchboard
020 7486 3090
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Referral form

Practice
Address

Telephone

Patients' details

Date

Dr/Mr/Mrs/Ms
Surname

Forename

Address

Postcode

Telephone

Email

Relevant medical history

Clinical details

Main complaint/reason for referral

Consultation/treatment

Problem tooth/teeth

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

1) **Pain** .....yes/no

2) **Swelling**.....yes/no

3) **Vital** .....yes/no

4) **Periapical lesion** .....yes/no

5) **Recent restoration** .....yes/no

6) **Previous R.C.T** .....non/self/other

7) **Type of root filling**
GP/paste/silver point/fractured instrument

8) **Xray enclosed** .....yes/no

9) **Post space required** .....yes/no