

Referral for orofacial pain

PROVIDERS DETAILS	
Last name:	
First name:	
Address	
Post code	
Performer number	
Tel Number*:	
Charge Band for NHS treatment	
Dentists signature	

Ring response as appropriate

Spontaneous pain or unexplained neuropathy (URGENT referral)

Pain associated with surgical intervention

Possible diagnosis

PLEASE ensure ANY results of investigations or scans or relevant results are provided with the patient at their first consultation

**Send Fax email to;
Department Oral Surgery
4th Floor, Kings College
London Dental Institute,
Bessemer Road, London
SE5 9RS**

0203 2991210

PATIENT DETAILS	
Last name:	
First name:	
Title	
Gender	
Date of birth:	
NHS Number*:	
Address and post code	

Temporomandibular disorder

arthomyalgia
dysfunction
arthritides

Trigeminal neuralgia
Persistent idiopathic pain
Persistent dentoalveolar pain
Burning mouth syndrome
Sinusitis
Other
