Birmingham Community Healthcare NHS
NHS Trust

Combined Community Dental Service
Paediatric Dentistry Referral Form

Patient Details:	**Referrer Details:**
Surname	**Name, title, address**
Forename	
Parent/Carer	
Address	
	Preferred contact number / email address
	Relationship to patient:
NHS number	**Date of Referral:**
Date of Birth	**Radiographs enclosed:**
Preferred contact number	(Always send any radiographs available)

Reason for referral (please refer to eligibility criteria):

Regular dentist details:

Medical history:

Current medication:

Name of Consultant Paediatrician (if applicable):
Hospital:

Looked after child: No Yes (Please provide details)

Send to :

Birmingham CCDS BCHC NHS Trust **Priestley Wharf** **Holt Street** **Birmingham** **B7 4BN**	Dudley CCDS Stourbridge Health & Social Care Centre John Corbett Drive Stourbridge DY8 4JB	Sandwell CCDS Oldbury Health Centre Albert Street Oldbury B69 4DE	Walsall CCDS Brace Street Health Centre 63 Brace Street Walsall WS1 3PS