



Referral Notice

FP17RN
07/04/06

Section A

Provider's details

Large empty box for provider details.

Telephone No.

Performer number

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Charge band for NHS treatment

1	2	3
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Total charge for NHS treatment

£

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Please accept this patient for treatment as detailed below. A copy of the patient's treatment plan is forwarded to you for information.

Patient's details

Surname

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Forename

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Title

Sex M

or F

Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Postcode

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Dentist's Signature

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Section B

Referral service provider

Large empty box for referral service provider details.

Section C

Services to be provided

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Patient Information

- 1 Where you are referred to another practitioner or service provider for part of a course of NHS dental treatment, you will only be required to pay one NHS charge. The NHS charge will be paid to the practitioner who refers you.**
- 2 Where you are referred to another practitioner or service provider for a new course of NHS treatment, such as a course of treatment involving sedation or domiciliary (home) visits, you will pay the appropriate NHS patient charge for that course of treatment to the practitioner providing treatment. The dentist who referred you may also need to charge you for any treatment provided before you were referred.**
- 3 The primary dental service contractor you are referred to will provide you with a treatment plan listing the treatment they are to provide (unless you have been referred for an examination and advice only). You may choose to have some treatment privately as an alternative to NHS treatment. If you wish to have some private treatment then you will be provided with a written estimate beforehand, on the treatment plan.**
- 4 If you do not wish to be referred to the particular practitioner or service provider detailed on this form, please let your dentist know, either verbally or in writing and they will endeavour to make other suitable alternative referral arrangements.**