



Personal Care  
Lasting Quality

Hurst Park Dental Practice  
2A Hurst Park Avenue  
Cambridge CB4 2AE

Tel: 01223 356765

Fax: 01223 305540

Email: [team@hurstparkdental.co.uk](mailto:team@hurstparkdental.co.uk)

Web: [www.hurstparkdental.co.uk](http://www.hurstparkdental.co.uk)

**Private & Confidential**

**Andra Udrea**

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**Extraction Referral Form**

Referring Dentist	Dentist name: Address:
Date of Referral	
Patient Name	
Date of Birth	
Address	

Home Phone	Work Phone	Mobile Phone

Teeth/Sites for Extraction	7 6 5 4 3 2 1	1 2 3 4 5 6 7
	7 6 5 4 3 2 1	1 2 3 4 5 6 7
General Comments		
Medical History		
Radiographs Included		

