

## TMJ Referral Form

Send your referral to the GP Liaison team on f: 020 78814074 or e: listergpliaison@hcahealthcare.co.uk

PATIENT DETAILS	
TITLE	SURNAME
GENDER (PLEASE TICK) MA <input type="checkbox"/> FEMAL <input type="checkbox"/>	
FORENAME	DATE OF BIRTH
ADDRESS	
	POSTCODE
EMAIL ADDRESS	TEL NO
IS THE PATIENT (PLEASE TICK) INSURED <input type="checkbox"/> SELF PAY <input type="checkbox"/> X NUMBER IF KNOWN	
INSURER'S NAME	
MEMBERSHIP / POLICY NO	(PRE) AUTHORISATION NO
REFERRER'S DETAILS	FOR ADDRESS STAMP
REFERRER'S ADDRESS	
POSTCODE	
*EMAIL ADDRESS	
*TEL NO	
*PLEASE ENTER IF YOU WOULD LIKE EARLY FEEDBACK	
FAX NO	
REFERRAL DETAILS	
CURRENT SYMPTOMS / RELEVANT HX	
THIS IS A MULTIDISCIPLINARY CLINIC CONSISTING OF ORAL & MAXILLOFACIAL SURGERY/ORAL MEDICINE/ TMJ PHYSIOTHERAPY	
PLEASE TICK IF YOU HAVE A PREFERENCE FOR AN INITIAL SPECIALIST	
ORAL & MAXILLOFACIAL SURGERY <input type="checkbox"/>	ORAL MEDICINE <input type="checkbox"/>
TMJPHYSIOTHERAPY <input type="checkbox"/>	NO PREFERENCE <input type="checkbox"/>

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

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