

**Dr Ruaidhri T Mac Sweeney**

**BDentSc Dubl 1999 – Practice Limited to Endodontics**

### Patient details

FIRST NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

HOME TEL \_\_\_\_\_

MOBILE TEL \_\_\_\_\_

### This Referral is for

**Consultation**   
Including scan £150

**Incisor**   
£750

**Premolar**   
£850

**Molar**   
£900

**Apicectomy**   
From £900

### Additional information

REFERRED BY (PLEASE USE YOUR PRACTICE STAMP)

SIGNATURE

IF YOU REQUIRE MORE FORMS PLEASE TICK HERE

**Islington Green Dental Practice**

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