

**IV SEDATION REFERRAL FORM**

Central Health Centre  
Cumbernauld  
G67 1BJ

Tel No. 01236 734646/724569

WEB: [www.dentistcumbernauld.co.uk](http://www.dentistcumbernauld.co.uk)

Email: [info@dentistcumbernauld.co.uk](mailto:info@dentistcumbernauld.co.uk)

**Patient Information:**

Name:

Address:

Postcode:

DoB:

**Medical/Dental History (Please include sedation/ GA history):**

**Treatment Plan:**

**Referrer Stamp:**

**GDC Number:**

**Contact Number:**

**Signature:**

**ASA Category (include details):**

(Please delete as applicable)

NHS/Private Treatment and Sedation

Radiographs Enclosed: Yes/No