

Referrals for Endodontics

At Beech House, we offer a complete range of endodontic services, which include:

- management of curved canals
- management of calcified canals
- retreatments
- difficult access cases
- cases involving endodontic treatment on teeth carrying crowns and bridges
- removal of fractured posts and instruments
- management of perforation cases
- placement of final coronal restoration (e.g. crown/onlay)

Our philosophy

We provide high-quality treatment, using the best equipment and materials, in a stress-free environment. We take care of your patients, explaining our procedures and aftercare thoroughly.

All our team are highly trained in patient care, expert diagnosis and treatment planning and of course in the provision of endodontic treatment. You as referrers expect the best care for your patients and we aim to provide that level of service every time.

Equipment

We use specialist equipment, including:

Operating microscopes (Global G3) to aid in visualisation and illumination of the canal structures

Digital X-ray systems (Digora) to limit radiation exposure

Morita ZX Dentaport apex locator, XSmart rotary handpieces, system B and Sybron endo back fill thermoplastic and Bioceramic obturation systems.

We welcome visits by our fellow colleagues to see our facilities and meet our team.

All endodontic treatment carried out at our referral centre is on a private basis.

- Initial consultation * (will be required in most cases) £62
- Endodontic treatment per tooth £310 - 550
- Endodontic retreatment per tooth, from £550 - £625
- Post removal, from £150

We will always advise your patients about treatment costs and treatment options at their first visit.

*** Why is an initial consultation required?**

Your patient's experience with us to be very important. An initial consultation as an excellent opportunity to discuss issues about the case and the treatment with your patient. It is also a good way of your patient getting to know us and the environment and universally we have found that your patients find this initial visit invaluable.

Please note that it is our policy that accounts are settled at every visit.



Endodontic referral form

PATIENT DETAILS

Name _____ Sex M/F

DOB ____ / ____ / ____ (dd/mm/yyyy)

Address

Postcode _____ Tel No: Home _____ Work

Referral reason

Referred for advice only? Y/N

Referred for advice & treatment? Y/N

History of present complaint

Relevant Medical History/ inc. medications/allergies

Provisional Diagnosis

Any treatment carried out already (It would be helpful if a radiograph is forwarded with this form)

Other relevant information

Signature _____ Name (CAPS)

Referring GDP details:
