

Southwest Oral Surgery Managed Clinical Network Communication data collection form.

There has been no central record of Oral Surgery providers for the Southwest of England. The MCN would be grateful if you could assist us in building a network by the completing the form below.

Name

Occupational designation (clinical grade / managerial position)

Oral Surgery Provider Unit

Physical location and address

Surgical Tier provided. Please circle those that apply 1 2 3a 3b

Sedation provided

If Oral surgery is provided over more than one site under the care of one provider state location and activity at each site. For example, some hospitals may have outlying day-case facilities i.e LA / Sedation / Day case GA / Full inpatient service. Please state physical location

Contact Details

Lead Clinician details

Appropriate dept phone number

E mail address

Lead manager details

Appropriate dept phone number

E mail address

Do you provide paediatric GA services?

If so at what site