

ORTHODONTIC REFERRAL PROFORMA

Patient Details	
Name:	
Telephone & Mobile No.	
Date of Birth:	
Address:
Translator required? If Yes, 1 st language of the patient:	

Clinician Details	
Name of Referring Clinician:	Date:
Practice:	
Practice Telephone Number:	
GP name and address:	

Please enter reason for referral and relevant medical history:

Please tick one or more reasons below for your referral. Further descriptions for each reason are available overleaf.

- Non palpable, unerupted, permanent canines in patient aged 10 years (see note 9) •
- 1) Overjet >6mm <10mm • >10mm • 8) Presence of supernumerary teeth •
- 2) Reverse overjet -1mm • >-1mm • 9) Impacted teeth inc canines •
- 3) Traumatic overbite • 10) Submerged deciduous teeth •
- 4) Open bites > 4mm • 11) Aesthetic impairment •
- 5) Ant/Post x-bite with displacement • 12) Possible surgical case •
- 6) Crowded / Malaligned teeth • 13) GDP would like an opinion •
- 7) Missing teeth •

PREFERRED CONSULTATION VENUE (as per guidelines overleaf)	Secondary Care	Primary Care
	RCHT / PHNT / NDHT Delete if not required	

Primary Care Orthodontic Providers:

- A) Portman Healthcare Ltd - Central and North Cornwall (premises in Truro, St Austell and Bude)
- B) River Practice Specialist Centre - West Cornwall (premises in Truro, Penzance, Camborne and Helston)
- C) Smile Together (West Country Dental Care)

Patients referred for orthodontic treatment must be dentally fit and have good oral hygiene

NHS Orthodontic Referral Guidelines

This orthodontic referral proforma is to help you decide which patient needs a referral for NHS Orthodontic treatment and which provider is the most suitable. You may attach a letter providing further details if you wish.

Secondary Care SC = Hospital service

P = Primary Care

1) Overjet: measured from the most prominent of the four incisors. **Action-** if >6mm but <10mm, refer to **SC or P**.

2) Reverse overjet:

Action - Edge to edge to -1mm refer to **P**. If > -1mm, refer to **SC**

3) Traumatic overbite: increased complete overbite with signs of trauma to the labial or palatal tissues.

Action- refer to **SC or P**

4) Open bites Ant/Post: >4m.

Action - if linked to a digit habit refer to **P**. If not, refer to **SC**

5) Ant/ Post X bite with displacement: mandibular displacement from RCP to ICP greater than 2mm.

Action - refer to **SC or P**

6) Crowded / Malaligned Teeth:

Action - refer to **SC or P**

7) Missing teeth: this relates to:

a) Hypodontia congenitally absent teeth commonly, upper laterals or second premolars (third molars do not count)

b) Avulsed teeth or inappropriate extractions (e.g. space remaining due to early loss of one or more first molars)

Action – moderate to severe hypodontia, refer to **SC** unless less than 3 teeth missing then refer to **P**

8) Presence of supernumerary teeth: Extra teeth causing a problem. **Action** - refer to **SC**

9) Impacted teeth: a) simple tipped teeth causing food packing b) moderate /severe impactions, including impeded eruption – not enough room for a tooth to erupt c) impacted or palatal canines - if the maxillary canines cannot be palpated in the buccal sulcus by age 9-10 years, they may be ectopic and further investigations should be carried out.

Action - if a) refer to **P**, if b) refer to **SC or P**, if c) refer to **SC or P**

10) Submerged deciduous teeth: adjacent teeth grossly tipped towards each other, premolar impacted or missing. **Action** - refer to **P or SC**

11) Aesthetic impairment: in a select number of cases treatment may be justifiable on grounds of “aesthetic impairment”. If you feel this is the case then the patient should be referred for a specialist opinion but warned that treatment may not be available on the NHS. **Action** - refer to **P or SC**

12) Possible surgical case: for severe skeletal discrepancy, defects of cleft lip palate, craniofacial anomalies and impacted canines.

Action - refer to **SC**

13) GDP opinion: where a GDP has real concerns regarding an individual patient then a referral for a specialist opinion remains entirely appropriate.

Action- refer to **P or SC**

14) Patient over 18:-

No patient over 18 is eligible for routine adult orthodontic treatment on the NHS UNLESS they apply to category (9b) or (12) above then refer to **SC**.

This form should be completed and sent to Referral Management Service, NHS Kernow, Cudmore House, Treliske Industrial Estate, Truro, TR1 3LP.

Email: ciosicb.rmsdentalreferrals@nhs.net