

ORTHODONTIC ASSESSMENT AND TREATMENT REFERRAL FORM

- * indicates mandatory field
- Referral for advice accepted where clinically justified, not at patient/parent request.
- Please include as much information as possible (including any models, radiographs and photographs).
- Please note forms not correctly completed will be returned and not processed

Patient Information - Complete for ALL REFERRALS			
Title*		Sex*	Age*
First Name*		Surname*	
Full Address*		Date of Birth*	
		NHS Number	
Postcode*		Telephone (mobile)*	
Email address			
Social/Medical history information (including carer):			

Practice / referrer Information - Complete for ALL REFERRALS	
Referring GDP name*	
GDC number*	
Address*	
Postcode*	
Telephone number*	
NHS.net Email Address (where available)	
Date of decision to refer*	
Today's date*	
Referring GDP Signature*	

Pre-referral check list – All criteria to be fulfilled unless stated*	
Under 18 years old on the date of referral (unless complex/multidisciplinary referral into secondary care)	
Patient motivated to undergo orthodontic treatment (unless assessment only referral)	
As a general rule the NHS will only fund one course of Orthodontic treatment. Please confirm the patient has not had a previous course of Orthodontic treatment elsewhere on the NHS prior to referral	
Oral health stable and oral hygiene acceptable for orthodontic treatment (unless assessment only referral)	
Patient and parents/carers been advised they may not be eligible for NHS treatment	
Patient in/close to permanent dentition. (If not please give reason for referral in 'Advice / Early referral' section)	
Bitewing radiographs up to date/ treatment completed in accordance with 'Delivering Better Oral Health Toolkit'	
Responsibilities including attending regular appointments understood	
Copies of relevant / recent radiographs enclosed	

Referral target – enter name of desired provider in box *	
Primary care	
Secondary care	
Community Dental Service (where applicable)	

Reason for referral*	
Treatment	
Advice only / early treatment	

Referring for treatment? - <i>Complete this section ticking all that apply</i>		
Missing / impacted teeth	In any quadrant (excluding third molars or where no restorative need for space closure/alignment exists)	
Overjet	> 3.5mm but <=6mm with incompetent lips	
	Greater than 6mm	
	Reverse OJ >1mm	
Crossbites	Anterior or posterior with displacement > 2mm	
Displacement contact point / crowding	Moderate crowding (> 2mm contact point displacement)	
	Severe crowding (> 4mm contact point displacement)	
Overbite	Complete and potentially traumatic	
	Extreme open bites posterior or anterior	
Other clinical features	Severe Jaw Discrepancies	
	Cleft lip/palate or other craniofacial syndrome	
	Submerging primary teeth (below contact point)	
If referring for reason not listed please provide details:		

Referring for advice only/early treatment? - <i>Complete this section</i>		
Trauma risk (Increased overjet with lip trap/incompetent lips)		
Disturbed / abnormal eruption sequence		
Advice re interceptive extractions (e.g. first molars of poor prognosis)		
Anterior crossbite with displacement		
Posterior crossbite with displacement		
Impacted teeth including 'submerging' deciduous molars (or canines not palpable)		
Supernumerary teeth		
Other (MUST give details below)		
Further details:		

Referring into Secondary Care? – <i>Complete this section for all secondary care referrals</i>		
Advice only / early referral		
Treatment planning		
Treatment e.g.	Multidisciplinary treatment including: <ul style="list-style-type: none"> • Severe jaw discrepancy • Cleft Lip and Palate / facial deformity • Multiple missing teeth • Tooth impactions +/- supernumerary teeth • Other complex malocclusions 	
Further details (must be given):		

Once your form has been fully completed please send to the relevant provider listed below:

Specialist Provider Clinics & Contact Details	
TEES:	
<p>Middlesbrough</p> <p>Cleveland Orthodontics 32-36 Baker Street Middlesbrough TS1 2LH Tel: 01642 243080</p> <p>Select Orthodontics 127 Borough Road, Middlesbrough. TS1 3AN Tel: 01642 246280 & 222311 Fax: 01642 246536</p>	<p>Redcar & Cleveland</p> <p>Referrals in first instance to Cleveland Orthodontics</p>
<p>Stockton On Tees</p> <p>Queensway Orthodontics Crown Buildings Queensway Billingham Stockton on Tees Teesside TS23 2NU Tel: 01642 352440</p>	<p>Hartlepool</p> <p>Select Orthodontics 48b Elizabeth Way Seaton Carew Hartlepool TS25 2AX Tel: 01429 865290 Fax: 01429 861511</p>
County Durham & Darlington:	
<p>County Durham</p> <p>Dunelm Orthodontics The Crossgate Centre Crossgate Durham DH1 4HF Tel: 0191 3757522 Fax: 0191 3757533</p>	<p>Darlington</p> <p>Falchion Orthodontics Newham House Dudley Road Darlington DL1 4GG Tel: 01325 381540</p>
South of Tyne:	
<p>Gateshead</p> <p>Windmill Indental Orthodontics Fewster Square Felling Gateshead NE10 8XQ Tel: 0844 3872000</p>	<p>South of Tyne</p> <p>SRDP 78 Dean Road South Shields South Tyneside NE33 4AR Tel: 0191 455 5074</p>
<p>Sunderland</p> <p>Wearside Orthodontics 49 Fredrick Street Sunderland SR1 1NF Tel: 0191 514 5257</p> <p>Orthoworld 26/27 Laura Street Sunderland SR1 1PT Tel: 0191 5144414</p>	

North of Tyne:	
<p>Newcastle</p> <p>Windmill Heaton Orthodontics 37A Heaton Road Newcastle upon Tyne NE6 1SB Tel: 0844 3872000</p> <p>Neo Orthodontics 98 – 100 Close Quayside Newcastle upon Tyne NE1 3RF Tel: 0191 2326952</p>	<p>North Tyneside</p> <p>Osborne Orthodontics 3 Nile Street North Shields NE29 0BE Tel: 0191 2728800 Fax: 0191 2332317</p>
<p>Northumberland</p> <p>Neo Orthodontics 79 Station Road Ashington Northumberland NE63 8RS Tel: 0167 0812 750</p>	
<p>Community Dental Services Clinic Locations</p> <p>Dental Department Albion Road Resource Centre Albion Road North Shields Tyne & Wear NE29 0HG Tel: 0191 2196693 Fax: 0191 219 6690</p> <p>Dental Department Seaton Park Medical Group Norham Road Ashington Northumberland NE63 0NG Tel: 01670 393600 Fax: 01670 393602</p> <p>Dental Department The Health Centre Thoroton Street Blyth Northumberland NE24 1DX Tel: 01670 396471 Fax: 01670 396472</p>	<p>Community Dental Services Clinic Locations</p> <p>Dental Department Amble Health Centre Percy Drive Amble Northumberland NE65 0PL Tel: 01665 711739 Fax: 01665 711739</p> <p>Community Dental Service Day Treatment Centre Hexham General Hospital Corbridge Road Hexham Northumberland NE46 1QY Tel: 01434 655330</p> <p>Dental Department Morpeth NHS Centre The Mount Morpeth Northumberland NE61 1JY Tel: 01670 500967 Fax: 01670 500966</p>
North Cumbria:	
<p>Carlisle, Cockermouth & Penrith</p> <p>Referrals in first instance to</p> <p>The Booking Centre Maglona House 68 Kingstown Broadway, Kingstown Industrial Estate Carlisle CA3 0HA Fax: 01228 603564</p>	