

# ORTHODONTIC ASSESSMENT AND TREATMENT REFERRAL FORM

*\* indicates mandatory field. Please note forms not correctly completed will be returned and not processed 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).*

Section 1. Practice / referrer Information - Complete for ALL REFERRALS			
Today's date*		Date of decision to refer*	
Referring GDP name*		GDC number	
Referring GDP Signature*		NHS.net address (where available)	
Practice Referrer Address*			
Postcode*		Telephone number*	

Section 2. Patient Information - Complete for ALL REFERRALS					
Title*		First Name*		Surname*	
Date of Birth*		Age*		Gender*	
Patient Address,					
Postcode*		Telephone (mobile)*			
NHS number	Click here to enter text.	Patient e-mail address	Click here to enter text.		
Social/Medical history information (including carer):		Current dental/oral health and relevant dental history			
Prevention has been provided in accordance with 'Delivering Better Oral Health Toolkit'					<input type="checkbox"/>
Bitewing radiographs taken as appropriate & treatment planned/completed					<input type="checkbox"/>

Section 3: Pre-referral checklist – Complete for ALL REFERRALS (all domains must be ticked unless as outlined below)	
Patient is under 18 years old on the date of referral *	<input type="checkbox"/>
Relevant are radiographs enclosed (e.g. DPT)	<input type="checkbox"/>
Patient has stable Oral Health and Oral Hygiene suitable for Orthodontic Treatment#	<input type="checkbox"/>
Patient is in or close to the Permanent Dentition #	<input type="checkbox"/>
Patient has not had a previous course of comprehensive NHS Orthodontic Treatment	<input type="checkbox"/>
<b>* Patients over the age of 18 can be referred to Secondary care for an opinion on multidisciplinary management</b>	
<b># If unable to tick this box, consider if suitable for referral for advice/early management only, or if more appropriate to delay referral until dental health assured or further dental development has occurred</b>	

Section 4. Referring for advice only/early treatment? - Complete this section	
Trauma risk (Increased overjet with lip trap/incompetent lips)	<input type="checkbox"/>
Disturbed / abnormal eruption sequence / Supernumerary teeth	<input type="checkbox"/>
Advice regarding interceptive extractions (e.g. first molars of poor prognosis)	<input type="checkbox"/>
Anterior or posterior crossbite with displacement	<input type="checkbox"/>
Impacted teeth including 'submerging' deciduous molars (or permanent canines not palpable at age 10)	<input type="checkbox"/>
Other ( <b>MUST</b> give details here)	

Section 5. Referring for comprehensive orthodontic treatment? - Complete this section	
Patient is motivated to undergo Orthodontic Treatment	<input type="checkbox"/>
Patient/Parent understand responsibilities including attending regular appointments	<input type="checkbox"/>
Patient/Parent understand final eligibility will be determined by the Orthodontist	<input type="checkbox"/>

Section 6: IOTN – Complete for ALL REFERRALS (note: below is not a complete list)			
IOTN Dental Health Component (DHC)	IOTN 5	IOTN 4	IOTN 3*
Unerrupted and Impacted/Ectopic Teeth	<input type="checkbox"/>		
Hypodontia, in any one quadrant (not 8's)	> 1 tooth missing <input type="checkbox"/>	Only 1 tooth missing <input type="checkbox"/>	
Overjet	> 9mm <input type="checkbox"/>	> 6mm but <=9mm <input type="checkbox"/>	> 3.5mm but <=6mm <input type="checkbox"/> With Incompetent Lips
Reverse overjet (-)	> 3.5mm <input type="checkbox"/>	> 1mm but <3.5mm <input type="checkbox"/> Masticatory/Speech problems	> 1mm but <3.5mm <input type="checkbox"/> No Masticatory/Speech problems
Anterior or posterior buccal Crossbites		> 2mm slide <input type="checkbox"/> From RCP to ICP	> 1mm but <2mm slide <input type="checkbox"/> From RCP to ICP
Lingual crossbite		No occlusal contact in 1 or both buccal segments <input type="checkbox"/>	
Contact point displacements between teeth		> 4mm <input type="checkbox"/>	> 2mm but <4mm <input type="checkbox"/>
Anterior open bite (AOB)		AOB > 4mm <input type="checkbox"/>	AOB > 2mm but <4mm <input type="checkbox"/>
Increased and complete Overbite		with gingival /palatal trauma <input type="checkbox"/>	without gingival /palatal trauma <input type="checkbox"/>

Alternatively, please provide IOTN (DHC) Score:

\* Include Aesthetic Component if IOTN category 3 or below (full guide in BOS Easy IOTN App) :

Please note IOTN below 3, or 3 with an aesthetic component of <6 would not meet the eligibility threshold for NHS Orthodontic Treatment

Section 7. Referring into Secondary Care? – Also complete this section for all secondary care referrals			
Advice only / early referral			<input type="checkbox"/>
Treatment planning, (for providers with an NHS orthodontic contract)			<input type="checkbox"/>
Complex malocclusions /Multidisciplinary orthodontic treatment.	Unerrupted and Impacted/Ectopic Teeth	<input type="checkbox"/>	Severe jaw discrepancy/Facial Deformity <input type="checkbox"/>
	Hypodontia	<input type="checkbox"/>	Cleft Lip and Palate <input type="checkbox"/>
Other/ Further details: Click here to enter text.			

Section 8 - Referral target – Please read Appendix 1, prior to making your decision (please note: incomplete or inappropriate referrals will be rejected)		
Specialist Practice (Primary care)	<input type="checkbox"/>	Neo
Community Dental Service (Primary care) -where available	<input type="checkbox"/>	
Hospital services (Secondary care)	<input type="checkbox"/>	

Appendix 1: Referral target guidance – Please read before making a referral:	
<b>Specialist Practice (Primary care)</b>	Patients who are under 18 and in or close to the permanent dentition, who qualify for NHS Orthodontic Treatment (e.g. Any IOTN DHC 4. A small proportion of IOTN DHC 3 qualify when the Aesthetic Component is 6 or greater). Interceptive advice and treatment can also be offered.
<b>Community Dental Service (Primary care)</b>	Patients meeting the criteria for Primary Care above, but additional priority for patients with problems accessing care due to social, medical or geographic reasons. Please check with your local provider prior to referral.
<b>Hospital service (Secondary care):</b>	No specific age restrictions. Referrals are accepted for interceptive advice and treatment, and multidisciplinary treatment (e.g. Impacted teeth, hypodontia, skeletally based malocclusions, orthognathic surgery). IOTN 5's are most likely to be considered appropriate for referral to secondary care. Other IOTNs may be accepted if multidisciplinary care is required, or for teaching purposes.

Specialist Provider Clinics & Contact Details	
<b>Middlesbrough</b> Cleveland Orthodontics, 32-36 Baker Street, Middlesbrough, TS1 2LH Tel: 01642 243080 E: <a href="mailto:nhsdental.cleveland.clevelandorthodonticv00081@nhs.net">nhsdental.cleveland.clevelandorthodonticv00081@nhs.net</a> <b>Redcar &amp; Cleveland</b> Referrals in the first instance to Cleveland Orthodontics E: <a href="mailto:nhsdental.cleveland.clevelandorthodonticv00081@nhs.net">nhsdental.cleveland.clevelandorthodonticv00081@nhs.net</a>	<b>Middlesbrough</b> Select Orthodontics, 127 Borough Road, Middlesbrough. TS1 3AN Tel: 01642 246280 & 222311. Fax: 01642 246536 E: <a href="mailto:nhsdental.middlesbro.selectdentalcarev00098@nhs.net">nhsdental.middlesbro.selectdentalcarev00098@nhs.net</a>
Community Dental Services (Northumbria Healthcare NHS Trust)	
<b>Hartlepool</b> All referrals to be sent to: <a href="mailto:nhc-tr.northumbriacommunitydentalervices@nhs.net">nhc-tr.northumbriacommunitydentalervices@nhs.net</a> Clinic Locations: <ul style="list-style-type: none"> <li>Dental Department, Albion Road Resource Centre, Albion Road, North Shields, Tyne &amp; Wear, NE29 0HG Tel: 0191 2196693 Fax: 0191 219 6690</li> <li>Dental Department, Seaton Park Medical Group, Norham Road, Ashington, Northumberland, NE63 0NG Tel: 01670 393600 Fax: 01670 393602</li> <li>Dental Department, The Health Centre, Thoroton Street Blyth, Northumberland, NE24 1DX Tel: 01670 396471 Fax: 01670 396472</li> <li>Dental Department, Amble Health Centre, Percy Drive Amble, Northumberland, NE65 0PL Tel: 01665 711739 Fax: 01665 711739</li> <li>Community Dental Service, Day Treatment Centre, Hexham General Hospital, Corbridge Road, Hexham Northumberland, NE46 1QY Tel: 01434 655330</li> <li>Dental Department, Morpeth NHS Centre, The Mount, Morpeth, Northumberland, NE61 1JY Tel: 01670 500967 Fax: 01670 500966</li> </ul>	
Teaching and district hospital service Contact details	
The Orthodontic Department <b>Newcastle Dental Hospital</b> , Richardson Road, Newcastle upon Tyne. NE2 4AZ E: <a href="mailto:tnu-tr.dentalhospital@nhs.net">tnu-tr.dentalhospital@nhs.net</a> Fax: 0191 2824671 Tel No: 0191 2825111  The Orthodontic Department <b>Cumberland Infirmary</b> Referrals in first instance to: The Booking Centre, Maglona House, 68 Kingstown, Broadway, Kingstown Industrial Estate, Carlisle, CA3 0HA, E: <a href="mailto:nc.cab@nhs.net">nc.cab@nhs.net</a> Fax: 01228 603564.  Orthodontic Department <b>The James Cook University Hospital</b> Marton Road, Middlesbrough, TS4 3BW	

<p>E: <a href="mailto:stees.orthodontics@nhs.net">stees.orthodontics@nhs.net</a>  Fax: 01642 854281  Tel No: 01642 854281</p>	
<p><b>Stockton On Tees</b>  Queensway Orthodontics, Crown Buildings, Queensway,  Billingham, Stockton on Tees, Teesside, TS23 2NU  Tel: 01642 352440  E: <a href="mailto:queenswayorthodontics@nhs.net">queenswayorthodontics@nhs.net</a></p>	<p>Select Orthodontics, 48b Elizabeth Way, Seaton Carew  Hartlepool, TS25 2AX  Tel: 01429 865290. Fax: 01429 861511  E: <a href="mailto:nhsdental.hartlepool.dentalcarev00108@nhs.net">nhsdental.hartlepool.dentalcarev00108@nhs.net</a></p>
<p><b>County Durham</b>  Dunelm Orthodontics, The Crossgate Centre, Crossgate  Durham, DH1 4HF  Tel: 0191 3757522. Fax: 0191 3757533  E: <a href="mailto:nhsdental.durham.dunelmorthodonticsv14120@nhs.net">nhsdental.durham.dunelmorthodonticsv14120@nhs.net</a></p>	<p><b>Darlington</b>  Falchion Orthodontics, Newham House, Dudley Road  Darlington, DL1 4GG  Tel: 01325 381540  E: <a href="mailto:nhsdental.darlington.mydentistsorthodonticv11490@nhs.net">nhsdental.darlington.mydentistsorthodonticv11490@nhs.net</a></p>
<p><b>Gateshead</b>  Windmill Indental Orthodontics, Fewster Square, Felling  Gateshead, NE10 8XQ  Tel: 0844 3872000  E: <a href="mailto:nhsdental.newcastle.indentalorthodonticsv01683@nhs.net">nhsdental.newcastle.indentalorthodonticsv01683@nhs.net</a></p>	<p><b>South Tyneside</b>  SRDP, 78 Dean Road , South Shields , South Tyneside, NE33  4AR  Tel: 0191 455 5074  E: <a href="mailto:nhsdental.newcastle.mydentistadvancedorav01368@nhs.net">nhsdental.newcastle.mydentistadvancedorav01368@nhs.net</a></p>
<p><b>Sunderland</b>  Wearside Orthodontics, 49 Fredrick Street, Sunderland  SR1 1NF  Tel: 0191 514 5257  E: <a href="mailto:nhsdental.sunderland.wearsideorthodonticcv01734@nhs.net">nhsdental.sunderland.wearsideorthodonticcv01734@nhs.net</a></p>	<p><b>Sunderland</b>  Orthoworld, 26/27 Laura Street, Sunderland,  SR1 1PT  Tel: 0191 5144414  E: <a href="mailto:nhsdental.sunderland.2627laurastreetv17609@nhs.net">nhsdental.sunderland.2627laurastreetv17609@nhs.net</a></p>
<p><b>Newcastle</b>  Windmill Heaton Orthodontics, 37A Heaton Road  Newcastle upon Tyne, NE6 1SB  Tel: 0844 3872000  E: <a href="mailto:nhsdental.newcastle.windmillheatonorthodv29877@nhs.net">nhsdental.newcastle.windmillheatonorthodv29877@nhs.net</a></p>	<p><b>Newcastle</b>  Neo Orthodontics, 98 – 100 Close, Quayside,  Newcastle upon Tyne, NE1 3RF  Tel: 0191 2326952  E: <a href="mailto:nhsdental.newcastle.neoorthodonticsnewcav14784@nhs.net">nhsdental.newcastle.neoorthodonticsnewcav14784@nhs.net</a></p>
<p><b>Northumberland</b>  Neo Orthodontics, 79 Station Road, Ashington,  Northumberland, NE63 8RS  Tel: 0167 0812 750  E: <a href="mailto:nhsdental.newcastle.neoorthodonticsashinv14055@nhs.net">nhsdental.newcastle.neoorthodonticsashinv14055@nhs.net</a></p>	<p><b>North Tyneside</b>  Osborne Orthodontics, 3 Nile Street, North Shields  NE29 0BE  Tel: 0191 2728800  E: <a href="mailto:nhsdental.newcastle.osborneorthodonticslv09914@nhs.net">nhsdental.newcastle.osborneorthodonticslv09914@nhs.net</a></p>
<p><b>North Cumbria - Clinic locations in Carlisle, Cockermouth &amp; Penrith –</b>  Referrals in first instance to:  The Booking Centre, Maglona House, 68 Kingstown, Broadway, Kingstown Industrial Estate, Carlisle, CA3 0HA,  Email: <a href="mailto:nc.cab@nhs.net">nc.cab@nhs.net</a> Fax: 01228 603564</p>	

