**Wiltshire NHS Orthodontic Referral Form**

**Mid-Wessex Orthodontics**

16, Ashfield Road Trading Estate

SALISBURY

SP2 7HL 01722 340034

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**Name**

**Address**

**Postcode**

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**Patient Name:**

**Referral Date:**

**DOB:**

**NHS Number:**

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**Address:**

**Telephone number**

**Mobile number**

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**Tick Reason for referral:**

- Significant Orthodontic abnormality
  - IOTN 3 or below -
  - IOTN 4 or 5
- Extraction advice required
- Teeth with poor prognosis
- Significant patient or parental concern
- Already wearing appliances
- Second opinion

**Radiographs:** Tick if radiographs enclosed

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**Relevant Dental Information (Tick those that apply):**

- Oral Hygiene: Good [ ] Average [ ] Poor [ ]
- High Caries Experience [ ]
- Fluoride supplements [ ] Erosion [ ]

- Patient / Parent warned that mild malocclusion may not be eligible for NHS funding

**Comments:**

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**Signature of Dentist (or designated party):**

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developed in conjunction with Wiltshire Local Orthodontic Clinical Network

November 2011
**CRITERIA - Please tick one box only. Start at the top and work down until you identify the component that best fits the patient being referred:**

### Grade 5 – Patient in Need of Treatment

- **5a** Increased overjet greater than 9mm
- **5i** Impeded eruption of teeth (excluding third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth & any pathological cause
- **5m** Reverse overjet greater than 3.5mm with reported masticatory and speech difficulties
- **5h** Extensive hypodontia with restorative implications (more than one tooth missing in any quadrant) requiring pre-restorative orthodontics
- **5p** Defects of cleft lip or palate and other craniofacial anomalies
- **5s** Submerged deciduous teeth

### Grade 4 – Patient in Need of Treatment

- **4a** Increased overjet greater than 6mm but less than or equal to 9mm
- **4b** Reverse overjet greater than 3.5mm with no masticatory or speech difficulties
- **4c** Anterior or posterior crossbites with greater than 2mm discrepancy between retruded contact position and intercuspal position
- **4d** Severe contact point displacements greater than 4mm
- **4e** Extreme lateral or anterior open bites greater than 4mm
- **4f** Increased and complete overbite with gingival or palatal trauma
- **4h** Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for a prosthesis
- **4l** Posterior lingual crossbite with no functional occlusal contact in one or both buccal segments.
- **4m** Reverse overjet greater than 1mm but less than 3.5mm with recorded masticatory and speech difficulties
- **4t** Partially erupted teeth, tipped and impacted against adjacent teeth

### Grade 3 – Patient may not need to be seen. Referral to be assessed re eligibility for treatment – Borderline Need

- **3a** Increased overjet greater than 3.5mm but less or equal to 6mm with incompetent lips
- **3b** Reverse overjet greater than 1mm but less than or equal to 3.5mm
- **3c** Anterior or posterior crossbites with greater than 1mm but less than or equal to 2mm discrepancy between retruded contact position and intercuspal position
- **3d** Contact point displacements greater than 2mm but less than or equal to 4mm
- **3e** Lateral or anterior open bite greater than 2mm but less than or equal to 4mm
- **3f** Deep overbite complete on gingival or palatal tissues but no trauma

### Other Reason for Referral – IOTN N/A

Other Reason for Referral (e.g. Caries of doubtful prognosis)