

**Wiltshire NHS Orthodontic Referral Form**

**Mid-Wessex Orthodontics**

**32 Chipper Lane**

**SALISBURY**

**SP1 1BG**

**01722 415456**

GDP-----

Name-----

Address-----

-----

Postcode-----

Patient Name:-----

Referral Date-----

DOB-----

NHS Number-----

Address-----

Telephone number -----

Mobile number-----

**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

**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:**

Signature of Dentist (or designated party) -----

**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)