

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)