

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 (<i>unless assessment only referral</i>)	
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 (<i>unless assessment only referral</i>)	

Patient and parents/carers been advised they may not be eligible for NHS treatment	
Patient in/close to permanent dentition. <i>(If not please give reason for referral in 'Advice / Early referral' section)</i>	
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? - Complete this section ticking all that apply		
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? - Complete this section	
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? - Complete this section for all secondary care referrals	
Advice only / early referral	
Treatment planning	
Treatment e.g.	<p>Multidisciplinary treatment including:</p> <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:**Newcastle**

Windmill Heaton Orthodontics
 37A Heaton Road
 Newcastle upon Tyne
 NE6 1SB
 Tel: 0844 3872000

Neo Orthodontics
 98 - 100 Close
 Quayside
 Newcastle upon Tyne
 NE1 3RF
 Tel: 0191 2326952

North Tyneside

Osborne Orthodontics
 3 Nile Street
 North Shields
 NE29 0BE
 Tel: 0191 2728800
 Fax: 0191 2332317

Northumberland

Neo Orthodontics
 79 Station Road
 Ashington
 Northumberland
 NE63 8RS
 Tel: 0167 0812 750

Community Dental Services Clinic Locations

Dental Department
 Albion Road Resource Centre
 Albion Road
 North Shields
 Tyne & Wear
 NE29 0HG
 Tel: 0191 2196693 Fax: 0191 219 6690

Dental Department
 Seaton Park Medical Group
 Norham Road
 Ashington
 Northumberland
 NE63 0NG
 Tel: 01670 393600 Fax: 01670 393602

Dental Department
 The Health Centre
 Thoroton Street
 Blyth
 Northumberland
 NE24 1DX
 Tel: 01670 396471 Fax: 01670 396472

Community Dental Services Clinic Locations

Dental Department
 Amble Health Centre
 Percy Drive
 Amble
 Northumberland
 NE65 0PL
 Tel: 01665 711739 Fax: 01665 711739

Community Dental Service
 Day Treatment Centre
 Hexham General Hospital
 Corbridge Road
 Hexham
 Northumberland
 NE46 1QY
 Tel: 01434 655330

Dental Department
 Morpeth NHS Centre
 The Mount
 Morpeth
 Northumberland
 NE61 1JY
 Tel: 01670 500967 Fax: 01670 500966

North Cumbria:**Carlisle, Cockermouth & Penrith**

Referrals in first instance to

The Booking Centre
 Maglona House
 68 Kingstown Broadway,
 Kingstown Industrial Estate
 Carlisle
 CA3 0HA
 Fax: 01228 603564