



GIG
CYMRU
NHS
WALES

South East Wales
Orthodontic Managed
Clinical Network

Date Rec'd (for internal use):

Orthodontic Referral Form

Only referrals made on this form will be accepted for NHS orthodontic treatment in South East Wales.

PLEASE PRINT CLEARLY USING BLACK INK

Referral to:
Name: Cathedral Orthodontics Ltd
Address: 80 Cathedral Road
Cardiff
CF11 9LN

Referring Practitioner:
Name:
Practice Stamp:

Patient Details:
Name: _____ Date of Birth: / /
Address (including postcode):
Contact Telephone Number: _____

REFERRALS WILL BE SENT BACK TO THE REFERRING PRACTITIONER IF ALL THE RELEVANT INFORMATION ON THIS FORM IS NOT COMPLETED.

Section 1: Basic Information

If you are referring for treatment you will need to provide all the details below plus the information in Section 2.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a Is the patient motivated to undergo orthodontic treatment (wear appliance)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Is the patient dentally fit at the time of referral? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Is oral hygiene 'good' to 'excellent'? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Have the patient and parents been advised that they may not be eligible for NHS treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

Please do not refer for orthodontic 'treatment' or 'treatment planning' if you cannot tick 'Yes' against all of the above. You can still refer for advice (eg extraction of decayed first permanent molars).

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| e Is the patient in/very nearly in permanent dentition? | <input type="checkbox"/> | <input type="checkbox"/> |

<i>If patient is in primary dentition or early mixed dentition, please state reason for early referral (eg impacted permanent canine, cross bite with displacements, craniofacial anomalies etc):</i>

Referral For (Please tick one):

Please ensure all relevant radiographs are included

Advice Only
(Complete Section 3 & 4)

Assessment & Treatment Plan
(Complete Section 3 & 4)

Assessment & Treatment
(Complete Section 2 & 4)

*This section must be completed if your referral is for treatment.
Please tick one or more appropriate feature OR provide an IOTN Score*

Overjet	6.1mm - 9mm		Greater than 9mm		Reverse overjet greater than 1mm		
Overbite	Deep or potentially traumatic		Extreme open bites lateral or anterior (greater than 4mm)				
Crowding / Spacing	Moderate crowding (2mm or more contact point displacement)		Severe spacing (4mm or more contact point displacement)		Severe crowding (4mm or more contact point displacement)		
Hypodontia	Up to one tooth missing in any quadrant		MORE THAN ONE TOOTH MISSING IN ANY QUADRANT				
Other Clinical Features	Ectopic/impacted teeth requiring surgery		Crossbites anterior or posterior with displacement greater than 4mm		SEVERE JAW DISCREPANCIES		CLEFT LIP/PALATE OR OTHER CRANIOFACIAL CONCERN
IOTN (If known)	IOTN 5		IOTN 4		IOTN 3 with AC 6 or above		

*Features in **BOLD** and **UPPERCASE** should be referred to a Consultant in Orthodontics in your local hospital. Cases in **bold** may be accepted by Specialist Practice or by the Orthodontic Department at your local hospital. Referrers are advised to liaise with their orthodontic providers before referring such cases.*

Section 3: Advice and/or Treatment Planning

If the patient is being referred for advice and/or treatment planning, it is assumed that you will be providing the required NHS treatment to the patient. Please indicate the nature of the advice required and/or your provisional treatment plan (to be confirmed by the specialist/consultant) e.g. *URA to correct crossbite or space maintainer* :

Section 4: Other Information: *Please attach additional information, if necessary*

Relevant Dental History (if urgent please specify):

Relevant Medical History and GP's name:

Relevant Social History:

Referring Dental Practitioner's Signature:

Date:

Name:

Performer Number:

Please ensure all relevant radiographs are included