



MOUTH DENTAL

SPECIALIST NHS DENTAL REFERRAL FORM

Appendix 1; Standardised Referral Form

<p>Patient Name and Address: <i>(Please check with patient if this is correct)</i></p> <p>Postcode: Daytime telephone: Mobile: E-mail:</p> <p>Patient DOB: Date of Referral:</p>	<p>Referring Practitioner (Stamp)</p> <p>Signature of Dentist:</p> <p>Name and Address of General Medical Practitioner:</p> 							
<p>High quality, relevant radiographs enclosed <input type="checkbox"/> <i>(mandatory)</i></p>	<p>Oral Hygiene: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p>	<p>BPE Score in Each Sextant</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						
<p>Reason for Referral <i>(Please tick the appropriate box)</i></p> <p><input type="checkbox"/> Patient has BPE scores of 4 in at least one sextant <u>and</u> a medical factor affecting the periodontal tissues <u>or</u> complicated root morphologies/anatomical factors <u>or</u> a modifying factor (see Modifying Factors on page 2)</p> <p><input type="checkbox"/> Patient has BPE scores of 4 in a least one sextant and has not responded to previous periodontal treatment</p> <p><input type="checkbox"/> Patient has aggressive periodontitis based on the severity of disease for age or rapid rate of periodontal breakdown (> 2mm attachment loss/year)</p> <p><input type="checkbox"/> Patient requires surgical procedures involving tissue augmentation, bone removal or implants</p> <p><input type="checkbox"/> Other reason (Please specify)..... </p>								



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Modifying Factors *(Please tick the appropriate box)*

- Patient has a medical factor directly affecting the periodontal tissues (i.e. diabetes, medication) or adverse drug effects)
- Regular smoker or paan user
- Other (Please specify).....
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Relevant Medical History *(e.g. history of head/neck radiotherapy, immune-compromised or immune-suppressed patient, bleeding disorders, or drug interactions)*

Preliminary Periodontal Treatment Carried Out by GDP *(No referral will be accepted unless the patient has been provided with initial treatment and supportive therapy)*

PCT charge collected (£): Yes Amount £ _____ No Exempt

Provider Use Only

Returned (inappropriate referral)					
Referred to hospital					
Date of first Appointment					
Dates of Treatment	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit