

**South Central West Orthodontic Managed Clinical Network
Referral For NHS Orthodontic Assessment**

Please complete all sections of this form. Incomplete forms will be returned.

Please complete this form for any patient aged over 8 years of age and in need of NHS orthodontic treatment that meets the following criteria. He/She:

1. meets the requirements of the Index of Treatment Need (IOTN) 5, 4 or 3 with an aesthetic component of 6 or above.
2. is under the age of 18 for routine treatment in Primary Care.

Please include a copy of any relevant radiographs.

SECTION ONE – PATIENT DETAILS

| | |
|-----------------------------|--------------------|
| Patient Name: _____ | GDP Details: _____ |
| Date of Birth _____ | _____ |
| Address and Postcode: _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Telephone Numbers: _____ | _____ |
| Home: _____ | GMP Details: _____ |
| Mobile: _____ | _____ |
| Work: _____ | _____ |
| Email: _____ | _____ |

SECTION TWO – DETAILS OF REFERRER

| | |
|-------------------------|----------------------------------|
| Name of Referrer: _____ | Practice Address and Contact Tel |
| Signature: _____ | |
| Date: _____ | |

As the referring practitioner, I confirm that

- The patient is aware of waiting times for their preferred providers.
- I am confident that the patient meets the referral conditions and has an understanding of the commitment required to undertake a course of orthodontic treatment.

Please see British Orthodontic Society Easy IOTN App for further information

**South Central West Orthodontic Managed Clinical Network
Referral For NHS Orthodontic Assessment**

Please complete all sections of this form. Incomplete forms will be returned.

SECTION THREE – REFERRAL HISTORY

Has this patient been referred before to other Orthodontic NHS Providers? Yes No

If Yes, please specify where and when: _____

SECTION FOUR – REASON FOR REFERRAL

Please provide any additional information to support the referral.

IOTN Category: 3.6 or above 4 5

Oral Hygiene: Poor Good

Previous caries experience:

Patient motivation: Poor Good

Radiograph included: OPG Periapical Other
 Digital OPG Digital Periapical Other digital

Standard Referral Urgent Referral Second Opinion (Please see Section Three)

Transfer of care Dispute

Children Protection Issues

Further Comments/Details (must be completed):

For Office Use

Date Received: _____ Enclosures Received Routine / Urgent / Reject

Signature: _____

Please see British Orthodontic Society Easy IOTN App for further information

**South Central West Orthodontic Managed Clinical Network
Referral For NHS Orthodontic Assessment**

For reference only

| IOTN Score | | 5 | 4 | 3 | 2 |
|--------------------|------------------------------|--|---|---------------------------------|------------------------------|
| Need for treatment | | Very Great | Great | Borderline | Little |
| a | Overjet | >9mm | 6-9mm | 3.5-6mm incompetent | 3.5-6mm competent |
| b | Reverse overjet | | >3.5mm with NO speech or masticatory problems | 1-3.5mm | <1mm |
| c | Crossbite | | >2mm | 1-2mm | <1mm |
| d | Tooth displacement | | >4mm | 2-4mm | 1-2mm |
| e | Openbite | | >4mm | 2-4mm | 1-2mm |
| f | Overbite | | Increased, complete & traumatic | Increased, complete & no trauma | <3.5mm incomplete, no trauma |
| g | Pre or post normal occlusion | | | | ½ unit discrepancy |
| h | Hypodontia | >1 tooth per quadrant | 1 tooth per quadrant | | |
| i | Impeded eruption | Crowding, displacement, pathology | | | |
| l | Posterior, lingual crossbite | | No functional occlusion | | |
| m | Reverse overjet | >3.5mm with speech and masticatory problems | 1-3.5mm with speech and masticatory problems | | |
| p | Cleft lip and palate | Yes | | | |
| s | Deciduous teeth | Submerged | | | |
| t | Partially erupted | | Impacted | | |
| x | Supplemental | | Supplemental | | |
| IOTN N/A | | Teeth with Caries or Trauma with doubtful prognosis, monitoring growth, orthognathic surgery | | | |

Patients in blue zones including patients with a Cleft Lip and Palate– refer to Hospital Service
 Patients in green zones – refer to either Hospital Service (Consultant, Training Grades and DwSI) or Specialist Practice or DwSI for assessment
 Patients in orange zones where aesthetic component is 6 or above – refer to Specialist Practice or DwSI for assessment
 Patients in red zones are not eligible for NHS treatment

Please see British Orthodontic Society Easy IOTN App for further information