

NHS Orthodontic E-referral Guidance

All orthodontic referrals for NHS care will be managed through the online Orthodontic Assessment and Treatment Interactive Form found at <http://www.dental-referrals.org>. Flow charts have been included to provide an overview of the process for patients aged 8-18-years and over 18 years. The system is designed to manage all orthodontic referrals centrally to better understand the need/provision within the region. Referrals are then passed down to the relevant providers as availability exists for new patient assessments.

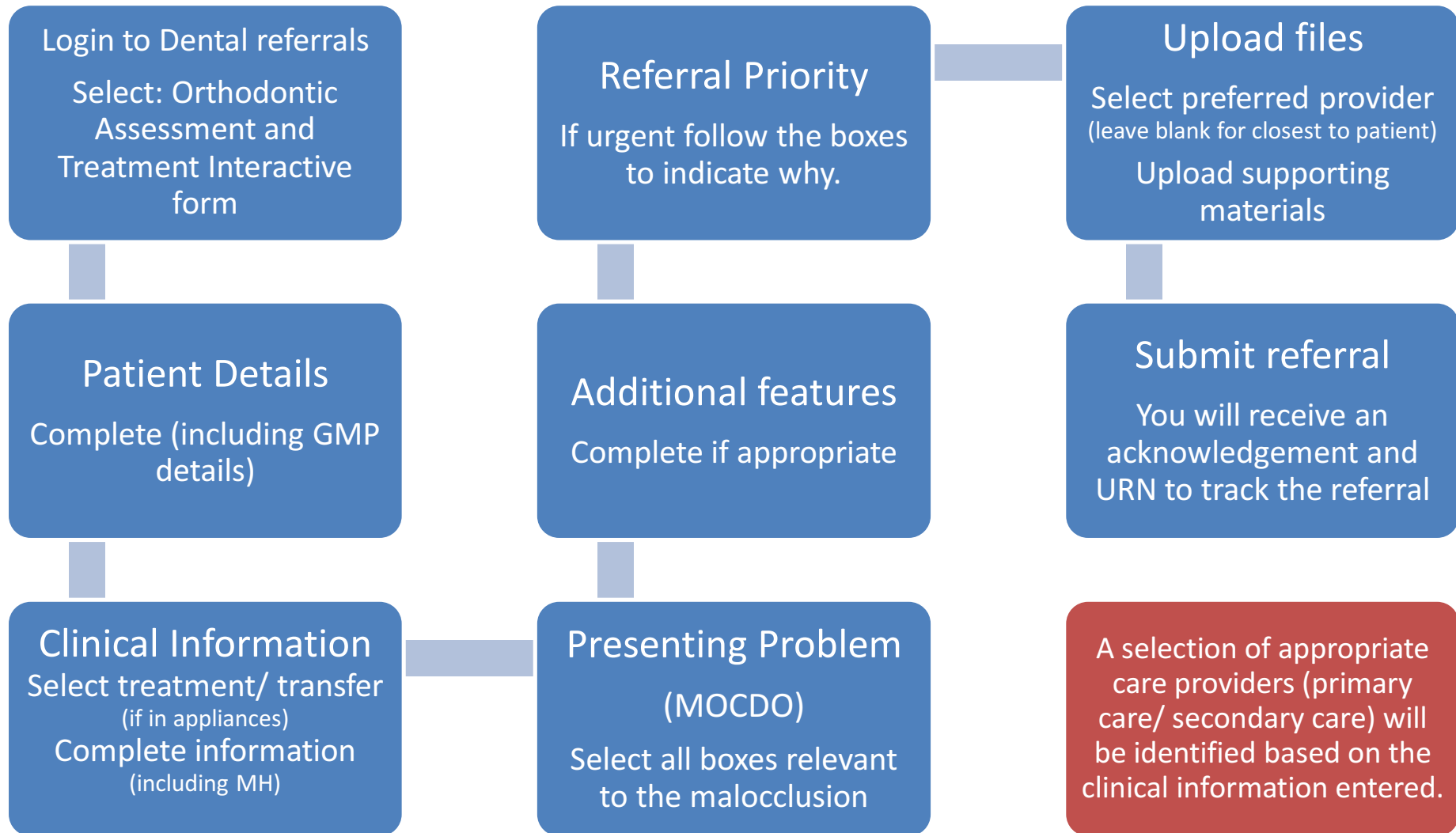
Clinically, the information required is based on the MOCDO method of assessment related to the index of orthodontic treatment need (IOTN). Specific features to record are:

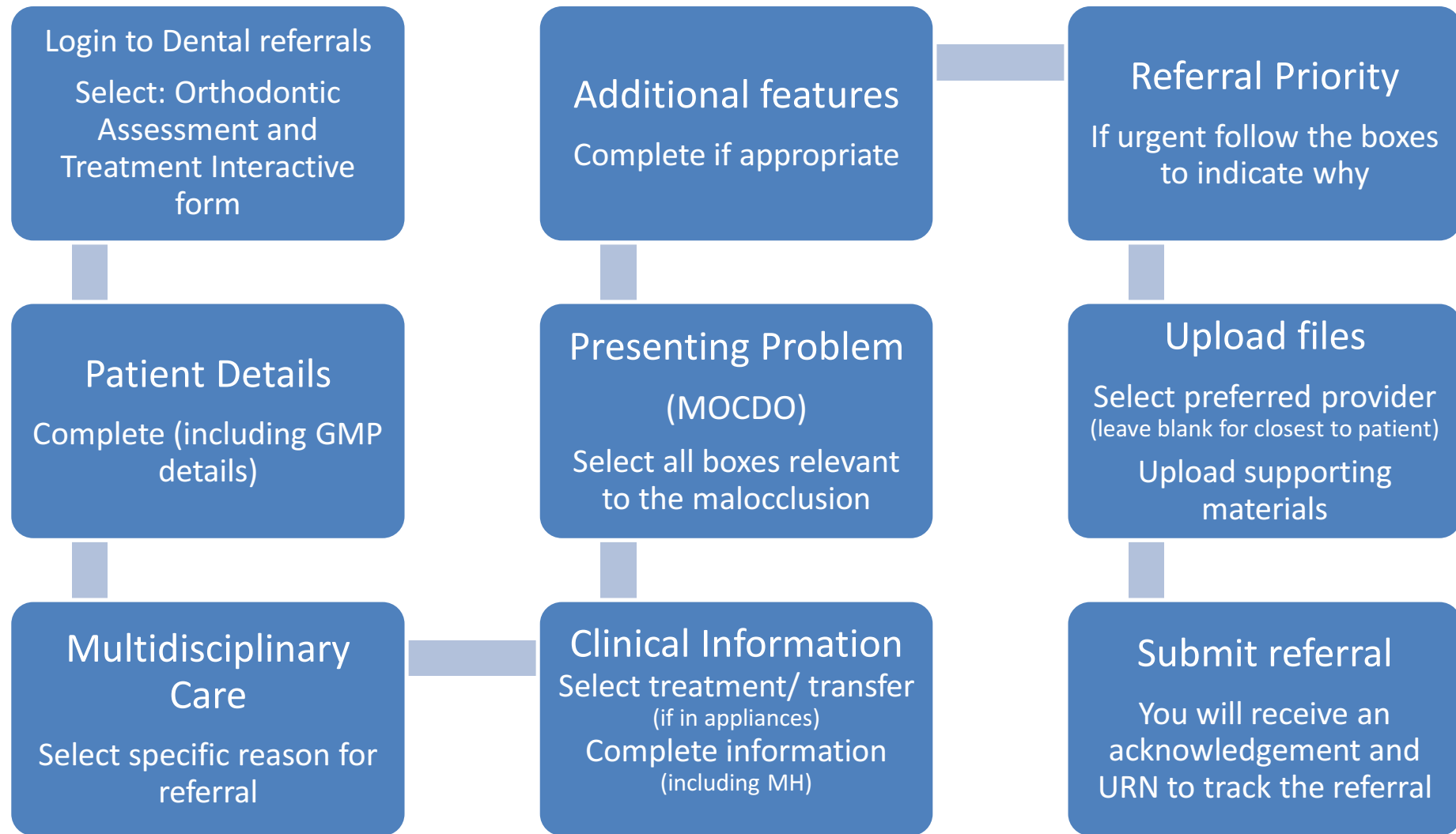
1. Missing Teeth– hypodontia, impactions and unerupted (outside of normal sequence), NOT including 8s
2. Overjet – positive and negative overjet measurements (mm)
3. Crossbites – anterior (how many incisors) and posterior, with or without displacement between retruded contact and intercuspal position
4. Displacements of contact points - crowding
5. Overbite – deep bites (with/without trauma), anterior open bites or lateral open bites (>2mm)
6. Additional specific features (submerged deciduous teeth, supernumerary teeth, etc...)

The online referral form has a built in algorithm that will direct the referral to secondary care only if the severity of the malocclusion reaches thresholds for hospital-based care.

Things to remember:

- Orthodontic treatment is time consuming, sometimes uncomfortable and requires the commitment of the patient and family. Patients with poor oral hygiene or active caries lesions should not be referred until they demonstrate appropriate levels of plaque control and motivation. It is important that you discuss the nature of orthodontic treatment with your patient before making the referral and reinforce the commitment they have agreed to in the patient contract. Orthodontic patients should be considered at risk for caries and practitioners should consider Delivering Better Oral Health when prescribing preventative advice and therapies. The use of high fluoride toothpaste may be indicated (2800ppm for older children 5000ppm).
- The majority of orthodontic treatment can commence in the late mixed / early permanent dentition. If the child needs early interceptive treatment please state the reasons why. Patients should be referred based on the clinical findings and not referred early in an attempt to circumvent the long waiting lists. Patients referred too early will be sent back to the referring practitioner.
- Whilst we expect the majority of referrals to be routine, you can indicate whether the referral requires priority and should be seen without entering the normal waiting list. Specific justification will be required and if not appropriate the patient will be placed back on the routine list.
- Orthodontic referrals should usually be done before the patient is 17-years-old, to allow time for them to move through the waiting lists. If the referral is made later than 17 then reasons/indications for this should be noted.
- Referring to secondary care is possible via the 'supporting features' section by selecting "problems likely to need specialist multidisciplinary input (surgical, restorative, paediatric or special care)". Please note that; malocclusions referred by this route should still meet the eligibility criteria for NHS orthodontic treatment (IOTN DHC at least 3 with aesthetic component >6) and that all referrals made by this route will be screened by a Consultant (so please enclose sufficient information to allow a decision to be made).
- Patients over the age of 18-years-old with routine malocclusions not requiring hospital care will not be accepted for NHS referral.
- Transfer cases are likely to be accepted from outside the region but will not be considered within the Cheshire and Merseyside footprint.





Only complex malocclusions requiring multidisciplinary input will be accepted into the hospital service for patients aged over 18 years

Orthodontic Assessment and Treatment Form

Patient Name: _____ Date of Birth: _____

2. Tertiary Care: All Sections must be completed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Does the patient have: Cleft lip and/or palate?	
Does the patient have: Craniofacial syndrome?	
Does the patient have: Other complex or congenital medical conditions (<18's only)	
Please specify if you have answered yes to any of the above:	

Opinion; treatment if appropriate In active treatment

4. Clinical Information: All Sections must be completed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Is the patient motivated to undergo orthodontic treatment (wear appliance)? *	
Is the patient dentally fit at the time of referral? *	
Is oral hygiene 'good' to 'excellent'? *	
Have the patient and parents been advised that they may not be eligible for NHS treatment? *	
Has the patient been referred for or received orthodontic treatment on the NHS previously? *	
Reason for Referral*:	

4.	Presenting Problem	Please identify the Main Presenting Problem	<input checked="" type="checkbox"/>
Transfer Case	Transfer Case		
Missing	Hypodontia	More than one tooth absent per quadrant (not 8's) (IOPA/ DPT required)	
		ONLY one tooth missing per quadrant (not 8's) (IOPA/ DPT required)	
	Incisors	Unerupted maxillary central incisor at >8 yrs (IOPA Radiograph required)	
	Canines	Age under 10yrs	
		Age 10+yrs if not palpable buccally/ line or arch - take parallax radiographs	
		Canines buccally placed or in line of the arch with sufficient space for eruption	
Canines buccally placed or in line of the arch with <4mm of space available for the canine			
	Canines palatally placed		
Overjet	Increased	Overjet greater than 9mm Age 10+yrs	
		Overjet greater than 9mm Age under 10yrs	
		Overjet 6-9mm Age 11+yrs	
		Overjet 6-9mm Age under 11yrs	
	Overjet under 6mm Any age		
	Reverse	Reverse overjet 1-3.5mm Age < 18yrs	

		Reverse overjet greater than 3.5mm <18yrs	
Crossbite	Anterior	One or two incisor teeth in crossbite	
		Three or four incisor teeth in crossbite	
	Posterior	With RCP-ICP displacement >1mm	
		With RCP-ICP displacement <1mm	
Displacement	Crowding	More than four deciduous molars still present	
		<i>Four or less deciduous molars present with:</i>	
		Marked crowding or irregularity	
		Mild crowding, marked aesthetic detriment	
		Mild crowding, little aesthetic detriment	
		Severe spacing, marked aesthetic detriment	
Open and Overbites	Open Bite	Lateral or anterior open bite 2-4mm	
		Lateral or anterior open bite greater than 4mm	
	Overbite	Complete and potentially traumatic	
Additional Features		Submerged deciduous teeth	
		Supernumerary teeth	
		Problems likely to require hospital assessment	
		PROVIDE DETAILS:	
		Other (assessment of 6's, impacted other teeth)	
		PROVIDE DETAILS:	

Referral Type *:

Routine Referral:

Urgent Referral:

<i>If urgent please select one of the following</i>	<input checked="" type="checkbox"/>
Un-erupted maxillary central incisor that are markedly delayed (IOPA Radiograph required)	
Impacted permanent canines that are placing the incisor roots at risk (Radiograph required)	
Significant Class II skeletal discrepancies in patients with an overjet greater than 9 mm approaching 13-years-old	
Patient requiring an opinion prior to GA extraction of an acutely symptomatic first molar	
None of the above apply:	

The provider type (primary or secondary care), will be determined by information on the form

Primary Care: _____

Secondary Care Choice: _____

Orthodontic Assessment and Treatment Form

*****IMPORTANT*****

This form is to assist you in transferring details to the online form only

DO NOT SEND TO DRMC IT WILL BE RETURNED