

Orthodontic Referral Form

PATIENT DEMOGRAPHIC DETAILS	DETAILS OF REFERRING PRACTITIONER
Title: First name: Surname: DOB: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Address: Postcode Telephone: Mobile number: e-mail:	Name: Practice address: Practice postcode: Telephone: Fax/e-mail: <hr/> DETAILS OF REFERRAL <input type="checkbox"/> Treatment <input type="checkbox"/> Advice/ Second opinion <input type="checkbox"/> Routine <input type="checkbox"/> Urgent - Why is this an urgent referral?

Details of the problem Please give an outline of the patient's condition, diagnosis and the clinical circumstances of the case /teeth involved.		
Relevant medical history and drug history		
Relevant dental history Please outline any previous treatment relevant to this issue, with details of the patient's response to treatment.		
Radiographs: <input type="checkbox"/> No <input type="checkbox"/> Yes		
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Study Models: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="border: none; text-align: right;">Do you want items returned to the practice? <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table>	Study Models: <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you want items returned to the practice? <input type="checkbox"/> No <input type="checkbox"/> Yes
Study Models: <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you want items returned to the practice? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Responsibilities of referring dentist	
I certify that	Please tick
I have discussed the commitment required to undertake orthodontic treatment with the patient and the patient is highly motivated and is prepared to wear appliances	
The patient has good oral hygiene and no active disease	
I have provided preventive advice and treatment where necessary for the patient and will continue to do so through orthodontic treatment	
I will work with the orthodontist to enable treatment to be progressed including the extraction of teeth where necessary and preventive/ restorative work as required	
I have enclosed relevant radiographs and study models where appropriate	
Signed.....	Date: