

ADDENBROOKE'S HOSPITAL ORTHODONTIC REFERRAL FORM

GDP/CDO Stamp

Official Use

Priority

Appointment

Please arrange an appointment for Orthodontic Assessment for:

Name: _____ Mr/Mrs/Miss _____ DOB:/...../.....
NHS No:

Communication/understanding difficulties (eg interpreter required?):

Please ensure that other patient details are completed overleaf

SECTION ONE: TO BE COMPLETED BY REFERRING PRACTITIONER

In order to assess the urgency, please complete as fully as possible

Complaint:

Teeth Erupted: / /	Teeth Unerupted: / /
Skeletal Pattern: 1 11 111	Incisor Relationship: 1 11D1 11D2 111

Overjet: _____ Over bite increased/reduced/traumatic (delete as appropriate)
(+/-mm)

Crowding/spacing (delete as appropriate)

Other features (eg frenum, diastema, impacted teeth, supernumeraries, habits etc)

Please specify:

Please indicate:

Oral Hygiene	Patient Motivation	Patient Compliance
Good <input type="checkbox"/>	Good <input type="checkbox"/>	Good <input type="checkbox"/>
Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>
Poor <input type="checkbox"/>	Poor <input type="checkbox"/>	Poor <input type="checkbox"/>

Please tick if radiographs are available for the patient to bring to the appointment

None Occlusal OPG Ceph IOs

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Allergies:

Any other relevant details:

I am willing to provide NHS treatment for this patient, following recommendations from a Consultant Orthodontist. Please tick:

Removable Appliances

Fixed Appliances

Functional Appliances

Dentist/Practitioner Signature Date

SECTION TWO: TO BE COMPLETED BY THE RECEPTIONIST / PATIENT/ PARENT / LEGAL GUARDIAN

<i>Please use block capitals</i> Patient's Last Name:	Sex
	Male <input type="checkbox"/> Female <input type="checkbox"/>

First Name:

Address:

.....

Postcode: Telephone Number

Date of Birth/...../..... School (if applicable)

Name and Address of parent/guardian (if different from above)

.....

Do any other members of the family attend the department
Yes/ No
If yes, please state name(s) and date(s) of birth

Name & address of General Medical Practitioner (GP)

**Please return to the Orthodontic Department, Box 47,
Addenbrooke's Hospital, Hills Road, Cambridge, CB2 0QQ**

Telephone: 01223 216412 Fax: 01223 216708