Specialist Endodontic Referral Form

Leeds Dental Institute

The Leeds Teaching Hospitals NHS Trust

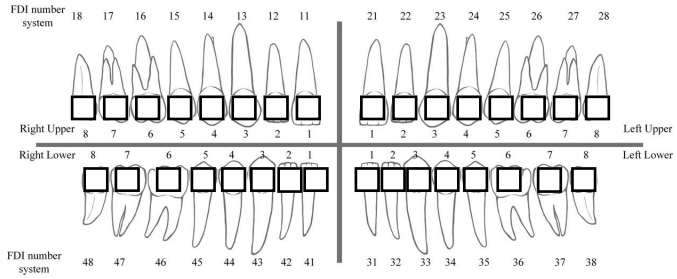
Reset Form

PRACTICE DETAILS	
Referrer Name:	Date of referral:
Practice address:	Postcode: Tel: Email:

PATIENT DETAILS		
Name:	Date of birth: (must be >16 y/o at time of referral)	Sex: Female ☐ Male ☐
Contact address: Postcode:	Tel (Home/work/mobile): NHS no/Hospital no:	
Medical history:		

Please state which service you would like: Diagnosis & treatment planning ☐ Treatment ☐

Charting of teeth present:



BPE score:

*ALL cases with a BPE score of 4 require a 6-point pocket chart and plaque score attached to the referral

Please provide a brief history of the problem being referred and synopsis of recent intervention. Detail on the reason why this patient requires specialist restorative advice or treatment is required. Please attach all relevant radiographs and photos to the referral – referrals WILL NOT be accepted without radiographs.

Please indicate (for our info) **if the patient is in a high priority category below:**

- ☐ Patients who have received radiotherapy to the head and neck region and require endodontic treatment.
- ☐ Patients who have endodontic problems and have received anti-resorptive drug therapy (e.g. history of IV bisphosphonates, Denosumab, long term oral bisphosphonates of more than 4 years duration)
- ☐ Dental trauma or developmental cases requiring specialist endodontic treatment (e.g. immature/open apex, dens in dente, hypodontia, cleft patients, etc.)
- ☐ Medically compromised patients where extractions would be contra-indicated

The referring dental practitioner must confirm that the following requirements have all been met:

THE PATIENT

The patient must have access to regular dental care. The referring dentist must provide all monitoring and follow up treatment that is required. The referral should have occurred as a result of a full mouth examination and comprehensive oral health assessment.

Primary disease (dental caries or periodontal disease) must have been treated effectively and the oral health should be stable. Yes ☐ No ☐

The patient must have good oral hygiene levels and be motivated to receive complex dental care. Yes ☐ No ☐

The patient should understand that if accepted for treatment, they must be available to attend the department for several long appointments (90 minutes duration) following the consultation. Yes ☐ No ☐

The patient is able to have treatment carried out under local analgesia and they **DO NOT** require sedation or GA for dental treatment. Yes ☐ No ☐

The patient should understand that following endodontic treatment, a definitive coronal restoration will be required and must be provided by the referring practitioner. The associated fee for this should be made clear to the patient and agreed before referral. Yes ☐ No ☐

THE TOOTH

Tooth of concern: UR …… **UL** …… **LL** …… **LR** ……..

The tooth should have enough sound structure to allow application of a rubber dam clamp Yes ☐ No ☐

The tooth should have sound dentine of at least 2mm high and 1mm wide above the gingival margins to allow a ferrule for a predictable restoration Yes ☐ No ☐

The tooth should have stable periodontal health Yes ☐ No ☐

There must be clear, important (strategic) reasons to retain the tooth. For example:

1. The tooth is in the aesthetic zone and the patient would be distressed by its loss Yes ☐ No ☐

2. Loss of the tooth would result in functional problems, such that the patient would have fewer than 10 pairs of opposing, occluding teeth (commonly referred to as the shortened dental arch) Yes ☐ No ☐

3. The tooth serves as an important abutment for a fixed bridge or removable denture Yes ☐ No ☐

Please tick to confirm that you have provided a periapical radiograph of diagnostic quality: ☐

Please select reason for referral (NB The following may be considered appropriate reasons to refer, BUT only if the appropriate patient and tooth criteria described in the above are met).

- ☐ 1. Root canal curvature > 45 degrees
- ☐ 2. Recurved (S-shaped) root canals
- ☐ 3. Canals that are NOT considered negotiable through their entire length based upon radiographic or clinical evidence (This is on the understanding that once the canals have been instrumented patients will usually be returned to you for completion of root canal treatment and final restoration)
- ☐ 4. Developmental tooth anomalies (dens in dente, dens invaginatus, gemination, bifid apex, complex branching and C-shaped canals)
- ☐ 5. Endodontic complications of trauma, for example open apices or root fracture etc., where the root fracture is in the middle or apical third and the tooth has good primary stability
- ☐ 6. Management of teeth with pathological resorption. These must be considered to have a predictable favourable prognosis, based upon radiographic and / or clinical assessment
- ☐ 7. Iatrogenic damage e.g. Perforations, (where the perforation does not result in a poor prognosis) ledges and blockages
- ☐ 8. Complicated re-treatments e.g. well-fitting posts more than 8mm long, carrier-based obturations, feasible removal of fractured instruments
- ☐ 9. Periradicular surgery where the existing root filling is of a good technical quality and the tooth has a good restorative prognosis

SIGNATURE :

Date Signed:

SAVING & SUBMITTING THE FORM

Please attach and email it to leedsth-tr.restorativereferral@nhs.net from an NHS.net email account. Alternatively press the submit button below. Please also attach any radiographs or clinical photographs taken to your email.

Submit