Removable Prosthodontic Referral Form

Leeds Dental Institute

The Leeds Teaching Hospitals NHS Trust

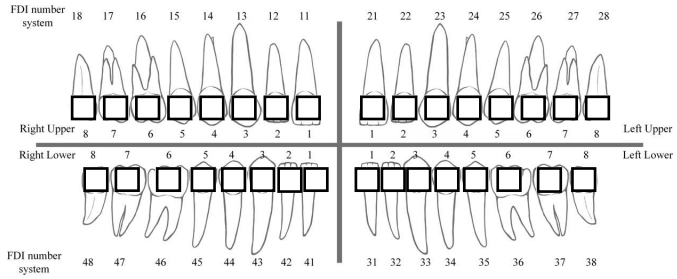
Reset Form

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 CONFIRM THE FOLLOWING:

- ☐ The patient has good oral/denture hygiene
- ☐ For partially dentate patients: active caries and periodontal disease have been managed
- ☐ Radiographs of good diagnostic quality have been included (where relvent).
- ☐ Denture construction has already been attempted, and the patient has been provided with technically satisfactory dentures (unless the patient requires an obturator or has significantly altered oral anatomy)

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

- ☐ **Developmental Disorder** - e.g. hypodontia or cleft palate.
- ☐ **Trauma** - Teeth lost or of poor prognosis subsequent to trauma
- ☐ **Head and neck cancer** - Previous surgery and/or radiotherapy
- ☐ **Severe denture intolerance** - Despite construction of technically acceptable dentures e.g. an edentulous patient with severe ridge resorption or neuromuscular disorders etc

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 – periodontal, endodontic and trauma referrals WILL NOT be accepted without radiographs.

SIGNATURE:

Date Signed:

SAVING & SUBMITTING THE FORM

Please attach and email it to leedsth-tr.restorativereferral@nhs.net from an NHS.net email account. Please also include any radiographs or clinical photographs taken.

Alternatively, attach radiographs directly above and press submit button below.

Submit