

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.

<p>The referring dental practitioner must confirm that the following requirements have all been met:</p>	
<p>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.</p>	<p>Yes No</p>
<p>The patient must have good oral hygiene levels and be motivated to receive complex dental care.</p>	<p>Yes No</p>
<p>The patient should understand that if accepted for treatment, they must be available to attend the department for several appointments (30-90 minutes duration) following the consultation.</p>	<p>Yes No</p>
<p>The patient is able to have treatment carried out under local analgesia and they DO NOT require sedation or GA for dental treatment</p>	<p>Yes No</p>
<p>The patient should understand that following periodontal treatment, ongoing supportive care will be required within primary care by a primary care dentist or hygienist. The associated costs for this should be made clear to the patient and agreed before referral.</p>	<p>Yes No</p>

Periodontal treatment:

<p>Please tick to confirm that you have provided cause related therapy where appropriate:</p> <ul style="list-style-type: none">• Oral hygiene education including tooth brushing and interdental cleaning• Smoking cessation advice• Full mouth scaling and subgingival debridement with local anaesthetic where pockets are greater than 4mm	<p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
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<p>Please tick to confirm that you have provided pre- and post- periodontal treatment charts:</p> <ul style="list-style-type: none">• Not applicable in cases of recession without active pocketing	<p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
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<p>Please note the latest plaque score:</p> <ul style="list-style-type: none">• Please be aware and inform the patient that plaque scores above 30% will not usually be accepted for treatment at the Leeds dental Institute	<p style="text-align: right;">%</p>
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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.