

Specialist Periodontal Referral Form

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:	Tel (Home/work/mobile):			
Postcode:	NHS no/Hospital no:			
Medical history:				

Please state whi	ich service you would like:	Diagnosis & treatment p	olanning	Treatment	t
			I		
Charting of teeth present:	FDI number 18 17 16 15 14 13 12 11 system Right Upper 8 7 6 5 4 3 2 1	21 22 23 24 25 26 27 28 1 2 3 4 5 6 7 8 Left Upper	BPE score:		
	Right Lower 8 7 6 5 4 2 1 Opportunity Opportunity <th>1 2 4 5 6 7 8 Left Lower 31 32 33 34 35 36 37 38</th> <th>6-point po</th> <th>PE score of 4 and plaque s ral</th> <th></th>	1 2 4 5 6 7 8 Left Lower 31 32 33 34 35 36 37 38	6-point po	PE score of 4 and plaque s ral	

Smoking status:

Never smoker

Previous Smoker

Current Smoker

If a previous smoker, when did the patient quit?

Rapid periodontal disease: Grade C disease with active pocketing >6mm

- Recent radiograph/s clearly demonstrating percentage (%) bone loss at worst site greater than patients age
- Affecting at least 1 tooth other than 2^{nd/3rd} molars

Periodontal disease with additional severe systemic medical risk factor for disease progression

(e.g. Drug induced gingival overgrowth, poorly controlled diabetes – HBA1C >6.5% or >48mmol/mol)

Risk of complications relating to periodontal treatment that cannot be managed with primary care

(e.g. bleeding disorders, immunocompromised, mucosal diseases such as erosive oral lichen planus or pemphigus)

Need for surgical management which has failed to respond to cause related therapy

(e.g. open flap debridement, regenerative procedures, mucogingival recession surgery, gingivectomy)

Peri-implantitis management for implants placed under NHS provision

Radiographs:

Please tick to confirm that you have provided recent and diagnostic radiograph/s:

• Must demonstrate the full extent of bone loss to determine grade of periodontal disease

Please provide a brief history of the problem being referred <u>and</u> 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.

The referring dental practitioner must confirm that the following requirements have all been met:		
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.	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 appointments (30-90 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 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.	Yes	No

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 Please tick to confirm that you have provided cause related therapy where appropriate: Oral hygiene education including tooth brushing and interdental cleaning Smoking cessation advice Full mouth scaling and subgingival debridement with local anaesthetic where pockets are g 	Yes N/A
	Yes N/A

Please note the latest plaque score:	
• Please be aware and inform the patient that plaque	
scores above 30% will not usually be accepted for	%
treatment at the Leeds dental Institute	

Please tick to confirm that you have provided pre- and post- periodontal treatment charts:

Not applicable in cases of recession without active pocketing

SIGNATURE:

Date Signed:

SAVING & SUBMITTING THE FORM

Please attach and email it to <u>leedsth-tr.restorativereferral@nhs.net</u> 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.