

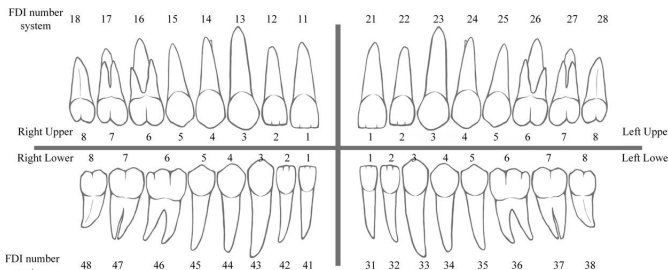
PRACTICE DETAILS

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 which service you would like:	Diagnosis & treatment planning	Treatment
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Charting of teeth present: 	BPE score: <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						
<p><i>*ALL cases with a BPE score of 4 require a 6-point pocket chart and plaque score attached to the referral</i></p>							

Please provide: (1) A brief history of the problem, **(2)** Rate of progression/extent of toothwear in relation to patient's age and **(3)** A synopsis of all interventions undertaken in primary care:

Please indicate the severity and pattern of tooth wear using the ITTN chart as a guide(see below):

Dental Health Component (DHC) value (0-3)	Aesthetic Component (AC) value (0-3):

Index of Tooth Wear Treatment Needs (Leeds ITTN)				
Dental Health Component		Aesthetic Component		
Score 0	Score		Score	
No tooth wear	0	 <p>No aesthetic concern</p>	2	 <p>Aesthetic impairment all teeth</p>
Score 1				
Loss of enamel only				
Persistent sensitivity due to tooth surface loss				
Score 2	1	 <p>Aesthetic impairment to some teeth</p>	3	 <p>Aesthetic impairment all teeth + missing teeth or occlusal plane discrepancy</p>
Loss of crown height of less than 50%				
Score 3				
Loss of crown height of greater than 50%				
Functional issues and unstable occlusion related directly to tooth surface loss (not tooth loss)				
Dento-alveolar compensation resulting in aesthetic impairment				

How to use the index

1. Look at the Dental Health Component (DHC) criteria and decide which of the signs and symptoms apply to your patient. Record the highest score.
2. Look at the Aesthetic Component (AC). Decide which **severity** of aesthetic compromise best reflects your patient. Record the highest score.

You will now have scores for DHC and AC which you should record (e.g. 3/3). The recommendations for treatment is shown for each score

- **For DHC scores of 0 or 1 and AC scores of 0 or 1:** Please provide oral health education, preventative advice including dietary modification, a soft bite raising appliance and monitor. Specialist treatment is not necessary.
- **For DHC scores of 2 and AC scores of 1 or 2:** Please provide oral health education, preventative advice including dietary modification and consider direct composite build ups on worn surfaces, followed by a soft bite raising appliance. These cases can often be treated in primary care, please consider referral for specialist treatment if treatment has been attempted but has been unsuccessful.
- **For DHC scores of 3 and AC scores of 2 or 3:** Please provide oral health education, preventative advice including dietary modification and consider direct composite build ups +/- partial dentures with alterations in occlusal vertical dimension where appropriate, followed by a soft bite raising appliance. These categories are suitable for specialist referral for treatment planning / treatment.

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
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The patient must have good oral hygiene levels and be motivated to receive complex dental care.	Yes	No
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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
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PRIOR TREATMENT OF TOOTHWEAR

Appropriate study casts have been taken and a splint created	Yes	No
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Direct rehabilitation with composite restorative material	Yes	No
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Direct composite rehabilitation with partial dentures	Yes	No
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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.