



## Sharrow Dental Practice - Orthodontic Referral Form

Please send completed forms electronically to [lorraine.page2@nhs.net](mailto:lorraine.page2@nhs.net) or by post to  
Sharrow Dental Practice, Moulsham Street, Chelmsford, Essex, CM2 0JG

PRIVATE REFERRAL

NHS REFERRAL

### Section One - Patient Details

Patient Name _____	DoB _____
Address _____	
_____ Post code _____	
Preferred Contact Tel(s) _____	
GP Practice Name _____	Post Code _____

### Section Two – Details of Referrer

In-house referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	Practice Stamp (address and tel)
Name _____	
Signature _____	
Date _____	

### Section Three – Referral Details

OPG enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this patient been referred before for NHS orthodontic treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for referral: Standard Referral <input type="checkbox"/> Second Opinion <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Dispute <input type="checkbox"/>
Oral Hygiene? Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>

## Section Four – Referral Criteria (for NHS referrals only)

Please complete this section of the form for any patient in need of NHS orthodontic treatment that meets the following criteria:

1. Patient to be less than 18 years of age at the point of referral;
2. Patient must meet the Index of Orthodontic Need (IOTN) requirements 3, 4 or 5 with an aesthetic component  $\geq 6$   
(<https://www.bos.org.uk/Portals/0/Public/docs/General%20Guidance/Ortho%20referral%20quick%20reference%20sheet.pdf>);
3. Copy of orthopantomogram (OPG) enclosed (if available).

If any section of this form is incomplete it will be returned to you and the patient's treatment will be delayed.

Start at the top and work down until you find the first component that corresponds to your patient's orthodontic condition. Please tick one box only.

### IOTN Grade 5 – Patient in Need of Treatment

- 5a – Increased overjet > 9mm
- 5i – Impeded eruption (crowding, displacement, supernumerary, retained deciduous teeth, pathology)
- 5m – Reverse overjet >3.5mm with reported masticatory or speech difficulties
- 5s – Submerged deciduous teeth
- 5h – Extensive hypodontia (>1 tooth missing in any quadrant) with ortho/restorative implications\*
- 5p – Defects of cleft lip or palate or other craniofacial abnormalities\*

\*Patient to be referred to secondary care

### IOTN Grade 4 – Patient in Need of Treatment

- 4h – Less extensive hypodontia with ortho/restorative implications
- 4a - Increased overjet 6mm - 9mm
- 4b – Reverse overjet >3.5mm with no reported masticatory or speech difficulties
- 4m – Reverse overjet 1-3.5mm with reported masticatory or speech difficulties
- 4c – Anterior or posterior crossbites with >2mm discrepancy between RCP and ICP
- 4l – Posterior lingual crossbite with no function
- 4d. Severe contact point displacements >4mm
- 4e. Extreme lateral or anterior open bites >6mm
- 4f. Increased and complete overbite with gingival or palatal trauma
- 4t. Partially erupted teeth, tipped and impacted against adjacent teeth
- 4x. Presence of supernumerary teeth

### IOTN Grade 3 – Borderline Need. To be assessed for eligibility.

(For NHS treatment also need aesthetic component >6\*)

- 3a. Increased overjet 3.5mm - 6mm with incompetent lips
- 3b. Reverse overjet 1mm - 3.5mm
- 3c. Anterior or posterior crossbites with 1mm - 2mm discrepancy between RCP and ICP
- 3d. Contact point displacements 2mm - 4mm
- 3e. Lateral or anterior open bite 2mm - 4mm
- 3f. Deep overbite complete to gingival or palatal tissues but no trauma

\*Aesthetic component (1-10) \_\_\_\_\_

- IOTN N/A – Other reason for referral (e.g. advice regarding doubtful prognosis teeth following trauma to permanent dentition or caries experience). Please justify.

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