

Leeds Dental Institute – Removable Prosthodontics Referral Form

Please refer to the guidelines overleaf before completing this form – COMPLETE ALL SECTIONS

PRACTICE DETAILS

Referrer Name:	Date of Referral:
Practice Address:	Tel:
Postcode:	Fax:
	Email:
Type of referral: Routine <input type="checkbox"/>	Urgent <input type="checkbox"/>

PATIENT DETAILS

Name:	DOB:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Contact Address:	Tel (Home/Work/Mobile):		
Postcode:	NHS no/ Hospital no:		
Medical History:	Smoking status:		

Please select referral category:

- Developmental disorder** – significant problems relating to the oral anatomy e.g. cleft palate, severe jaw mal-relationships etc.
- Trauma** - where denture construction is complicated by severe dentoalveolar trauma
- Head and neck cancer** – where denture provision is complicated by previous surgery and/or radiotherapy
- Severe denture intolerance** - despite construction of technically acceptable dentures e.g. edentulous patient with severe ridge resorption or neuromuscular disorders etc
- Referral for advice only regarding treatment planning
- Other (provide details).....

Please select:

Partially dentate Edentulous

For partially dentate patients only

BPE scores:

Reason for referral and relevant clinical history: (NB please include: current problems and a brief history including treatment to date) Please continue on separate sheet if required

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
- 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)

Signed:

Date:

Removable Prosthodontics Referral Guidelines

The intention of all consultants in Restorative Dentistry is to work in partnership with the referring dentist responsible for the routine dental care of the patient. This means that the patient may be referred back to the referring dentist for specific items of treatment or all of the recommended treatment with a detailed treatment plan where indicated.

For the majority of removable prosthetics cases it is expected that the General Dental Practitioner has attempted treatment prior to referral. Where dentures are obviously ill-fitting, the patient should have been provided with new dentures and only be referred if they continue to experience difficulties (unless reasons are given as to why this is inappropriate e.g. obturator construction).

Where there are carious teeth, lost or fractured restorations, it is expected that appropriate treatment be provided prior to referral. Otherwise, the patient will usually be discharged back to the referring dentist for provision of this treatment.

The following criteria should be met prior to referral:

- Patients should have good oral / denture hygiene
- Active caries, lost or fractured restorations should have been appropriately managed
- Significant periodontal disease should be appropriately managed

If patients are offered treatment within the Leeds Dental Institute, their ongoing routine dental care and maintenance must still be provided within General Dental Practice. Patients should therefore continue to be seen for recalls and any routine treatment required whilst also undergoing treatment in the LDI. Patients will then be discharged back to their General Dental Practitioner following completion of treatment.