**Please complete this form for any patient in need of NHS orthodontic treatment ensuring that they**

**are aged over 8 years and under the age of 18 for routine treatment in Primary Care**

**meet the requirements of the Index of Treatment Need (IOTN) 5, 4 or 3 with an aesthetic component of 6 or above. Please complete index of orthodontic need (IOTN) on page 2.**

**All referrals must be emailed through to relevant email address below. After 31st July 2020 paper referrals will not be accepted and referrals will be returned to the referring practitioner if all relevant information on this form is not complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Provider | Musgrove Park Hospital, Taunton | Email : MPHOrthodontics@tst.nhs.uk | |
| Preferred Provider | Yeovil District Hospital | Email : YDHOrthodontics@tst.nhs.uk |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please note all sections and information is mandatory - incomplete forms will be returned.** | | | | |
| **SECTION ONE – PATIENT DETAILS** | |  | **SECTION TWO – REFERRER DETAILS** | |
| First name |  |  | Date of referral |  |
| Last name |  |  | Referrer Name |  |
| Gender |  |  | GDC Number |  |
| Date of birth |  |  | Signature |  |
| NHS no. |  |  |
| Patient address: | |  | Practice address: | |
| Postcode |  |  |
| Landline/mobile |  |  | Phone |  |
| Email |  |  | NHS.net email |  |

|  |  |
| --- | --- |
| **SECTION 3 – DETAILS OF GENERAL MEDICAL PRACTITIONER (GP)** | |
| GP Name: | GP Address: |
| **SECTION 4 – REASON FOR REFERRAL** | |
| Standard referral  Second Opinion  Transfer | Other *(please advise below)* |
|  |

Please complete this form for any patient requiring NHS orthodontic treatment that meets the following criteria. Patients must meet the requirements of the Index of Treatment Need (IOTN) 5, 4 or 3 with an aesthetic component of 6 or above to be eligible for NHS treatment.

*TO AID YOUR GRADING OF THE IOTN PLEASE DOWNLOAD THE EASY IOTN APP:*

***iPhone***[*https://itunes.apple.com/gb/app/easy-iotn/id1144560762?mt=8*](https://itunes.apple.com/gb/app/easy-iotn/id1144560762?mt=8)

***Android*** [*https://play.google.com/store/apps/details?id=com.vincentharding.EasyIOTN&hl=en\_GB*](https://play.google.com/store/apps/details?id=com.vincentharding.EasyIOTN&hl=en_GB)

**PLEASE TICK IN THE WHITE SPACE NEXT TO THE APPROPRIATE BOX**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **IOTN SCORE** | **5** | | **4** | | | **3** | | **2** | |
|  | **NEED FOR TREATMENT** | **Very Great** | | **Great** | | | **Moderate** | | **Little** | |
| **a** | Overjet | **>9mm** |  | **6-9mm** |  | | **3.5-6mm**  **Incompetent**  **lips** |  | **3.5-6mm**  **Competent**  **lips** |  |
| **b** | Reverse overjet |  | | **>3.5mm** |  | | **1-3.5mm** |  | **<1mm** |  |
| **c** | Cross bite |  | | **>2mm** |  | | **1-2mm** |  | **<1mm** |  |
| **d** | Tooth displacement |  | | **>4mm** |  | | **2-4mm** |  | **1-2mm** |  |
| **e** | Open bite |  | | **>4mm** |  | | **2-4mm** |  | **1-2mm** |  |
| **f** | Over bite |  | | **Increased complete & trauma** |  | | **Increased/ complete &  no trauma** |  | **<3.5mm incomplete, no trauma** |  |
| **g** | Pre/post normal occlusion |  | |  | | |  | | **½ unit discrepancy** |  |
| **h** | Hypodontia  Missing teeth | **>1 tooth per quadrant** |  | **Less severe** |  | |  | |  | |
| **i** | Impeded eruption | **Due to crowding,**  **displacement, pathology** |  |  |  | |  | |  | |
| **l** | Posterior/  Lingual cross bite |  | | **No functional**  o  **occlusion** |  | |  | |  | |
| **m** | Reverse overjet | **>3.5 with speech or masticatory problems** |  | **>1-3.5 with speech or masticatory problems** |  | |  | |  | |
| **p** | Cleft lip & palate | **Yes** |  |  | | |  | |  | |
| **s** | Deciduous teeth | **Submerged** |  |  | | |  | |  | |
| **t** | Partially erupted |  | | **Tipped or**  **Impacted** | |  |  | |  | |
| **x** | Supplemental |  | | **Supplemental** | |  |  | |  | |

|  |  |  |  |  |  |  |  |  |
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| **IOTN N/A** | **Caries or trauma with doubtful prognosis** |  | **Monitoring growth** |  | **Orthognathic** |  | **Digit habit** |  |

**PLEASE CONFIRM THE FOLLOWING: YES NO**

The patient is motivated to wear appliances

Oral Hygiene is EXCELLENT

The patient is dentally fit and caries free confirmed by bite wings

Unless this is a formal second opinion, there has been no previous orthodontic referral

Radiographs included – bite wings

Radiographs included – OPG

Does the patient require a translator?