Dear Colleague

We return your referral for the following patient: -

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| --- |
|  |

Please consider re-referring with the following:

[ ]  Patient’s contact details fully stated – NHS number/name/ address/ D.O.B/ telephone no.

[ ]  Referring dental practitioners details – name/ address

[ ]  Patient’s general medical practitioner details stated - name/ address

[ ]  Details of what treatment is required

[ ]  Reasons for the treatment requested

[ ]  Details of patients’ medical history

[ ]  High quality print of relevant radiograph of tooth/teeth

[ ]  The treatment you requested is not available**\*** (Please resend referral for **advice and opinion only if required**).

[ ]  For periodontal referrals all patients need a completed full mouth 6 point pocket charting.

[ ]  Incomplete or illegible referral form

[ ]  Outside of Referral Area for South West MCN

[ ]  Wrong referral form, please use link below and click on **Referral Forms Pack**;

The Managed Clinical Network, South West, has introduced a standardised regional referral form for patients;

<https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/>

[ ]  Referral appears to be for Undergraduate treatment

(please use forms supplied by your local Undergraduate teaching institute)

[ ]  We recommend an onward referral to another dental speciality;

……………………………………………

**\*** Your patient does not appear to fall into the following priority groups. These groups are those considered if appropriate for advice and, if necessary, specialist treatment:

1. Head and Neck Oncology patients

2. Development defect, such as cleft lip and palate; hypodontia; and complex dental anomalies

3. Trauma: severe trauma involving the dentoalveolar complex

**If you intend to re-refer for advise only following this rejection, please include the original referral form and this accompanying sheet**

Yours Sincerely,

Triage Team