

## **Guide to completing referral forms – Restorative Dentistry** (Including Periodontal, Endodontics and Prosthodontics)

### **1. Expectations for Referrers**

The majority of patients will be reviewed for treatment planning advice only, and this should be made clear to the patient at the time of referral. Occasionally, patients may be accepted by the teaching hospital for undergraduate or postgraduate training. The details of such cases can be found on the relevant referral forms e.g. restorative, endodontic, periodontal or dentures

### **2. Expectations for Patients**

Referrers are responsible for explaining to the patient the exact reason for the referral. The patient should understand that an explanation of the problem will be given but they may not be accepted for treatment at the hospital. Referrers should make patients aware of the criteria for treatment to be provided in a hospital setting or a specialist centre. When appropriate, referrers should advise patients that they will be seen by the restorative team in order to provide their referring dentist with a suitable treatment plan to be completed within their dental practice.

### **3. Making an appropriate referral to the Department of Restorative Dentistry**

High priority patient groups will be accepted for treatment and include:

- Head and neck oncology patients
- Developmental defects, such as cleft lip and palate; hypodontia; and complex dental anomalies
- Trauma, severe trauma involving the dentoalveolar complex

All other patients who meet the criteria for treatment in periodontics, prosthodontics and endodontics may be accepted for treatment/advice or accepted for MCN tier 2 treatment when available.

The following are not considered appropriate reasons for referral and are likely to be rejected:

1. Untreated caries
2. Untreated periodontal disease
3. Manufacture of soft and hard acrylic occlusal guards
4. Patients who cannot or will not pay NHS or private charges
5. Primary or secondary RCT in patients who are not in priority groups
6. Where the long-term restorability or periodontal prognosis of the tooth is in question.

#### 4. Criteria for acceptance

Cases will be considered for acceptance based on the following criteria:

##### **Restorative**

- Head and Neck Oncology patients
- Development defect, such as cleft lip and palate; hypodontia; and complex dental anomalies
- Trauma: severe trauma involving the dentoalveolar complex

##### **Denture**

- Previous attempts to make a satisfactory denture
- Complex anatomy

##### **Endodontic**

- the patient has a stable oral environment
- the tooth/teeth which require treatment are of strategic importance and can be made predictably functional with a favourable prognostic success rate

##### **Periodontal**

##### **General Principles**

- Patients with recurrent acute necrotising ulcerative gingivitis/periodontitis, non-plaque related gingival/periodontal conditions, localised gingival recession or medication associated gingival enlargement may be referred.
- Patients considered to require mucogingival surgery (for recession)
- Referred patients should understand that they may be offered treatment by a trainee.
- Referred patients should maintain contact with the referring Dental Practitioner to whom they will return for maintenance/supportive periodontal care.

#### 5. Completing the referral forms correctly

All referrers must complete all sections of the form for each patient and send any additional information as required.

- Select relevant form for patient: restorative, endodontic, periodontal or denture
- All fields should be completed, or the referral may be rejected
- The patient may know their own NHS number if the referrer is unable to access this information, if not, you can leave this blank
- Indicate whether the referral is for specialist advice or for treatment. If the patient does not meet the criteria for treatment, but believed to have an exceptional need, an individual funding request (IFR) form should be completed instead.
- The referrer must confirm, in the appropriate section, that primary dental disease is stable
- If the patient is dentate, BPE must be provided. If edentulous there is a section to indicate this. If neither box is completed the referral is likely to be rejected

- Any appropriate radiographs should be provided in a useable format – please see below for guidance notes on radiographs

#### **Enclosing radiographs**

- Digital radiographs should be emailed, or provided as photo quality print outs on high quality paper. Patient demographics should be indicated as well as the date captured
- Referrers should not send 'wet film' radiographs

### **6. Individual Funding Request Process (IFRP)**

Where the referrer does not need treatment planning advice but believes that there are exceptional circumstances which mean that the patient should receive specialist-led treatment within the managed clinical network (MCN), an Individual Funding Request should be submitted to the MCN directly. The form and guidance for this request are available at: <https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/>