EXAMPLE FORM 22.06.18

NHS England
London Region

London Intermediate Minor Oral Surgery Referral Form

PATIENT DETAILS

Patient's Title and Name: **Mr. I.N. PAIN**	Gender: **M**	Date of Birth: **22/5/89**
Patient's Address: **53 STEINBECK AVENUE, NONSUCH, SURREY**	Postcode **KT6 7EE**	
Patient's email address: **Inpain@hotmail.co.uk**	Contact Number: **07009 882000** (mobile preferred for SMS messaging):	NHS Number (if known): **12345467**

REFERRER DETAILS

Referrer's Name: **Mr. Patel**	Practice Postcode: **KT6 7UU**	Interpreter required? Language? ~~**YES**~~ **/ NO -**
Practice Name and Address: **DENTAL PRACTICE 30 NOWHERE AVENUE, NONSUCH, SURREY**		Practice phone number: **020 8694 0000** GDC Number: **987654321**

Patient's GP Name and Address including postcode:
NOWHERE SURGERY, 99 NOWHERE AVENUE, NONSUCH, SURREY, KT6 7UV
Practice E=mail address: **gp-H123499@nhs.net** Telephone: **020 8999 0000**

If urgent care, please state why: **Not urgent**	Please tick if a wheelchair user ☐	Please confirm the patient consents to this referral and understands the reason for it: [x]

REASON FOR REFERRAL INTO IMOS SERVICE

Please tick one box and complete the Justification for Referral section below.

	Surgical removal of uncomplicated third molars involving bone removal		Surgical removal of buried roots and fractured or residual root fragments
X	Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth)		Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain.
	Failed extraction		Other, please specify:
	Minor soft tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis, e.g. fibroepithelial polyp and mucocele.		

REASON FOR REFERRAL INTO SECONDARY CARE

Please tick one box and complete the Justification for Referral section below.

	Extraction of erupted tooth/teeth/roots in medically compromised patients who cannot be managed in IMOS primary care		Extraction of impacted tooth/teeth in medically compromised patients who cannot be managed in IMOS primary care
	Orthodontic extractions/Supernumerary/Expose+/-bond in medically compromised patients who cannot be managed in IMOS primary care		Major facial and jaw trauma including fractures and soft tissue injuries
	Soft tissue swellings of the mouth, jaws, neck, thyroid and salivary glands		Complex hard tissue swellings of the mouth, jaws, neck, thyroid and salivary glands
	Complex oral and mucosal ulceration; red and white patches of the mucosa		Salivary and gland disorders (lumps, chronic/obstructive salivary diseases and complex mucoceles (ranula)
	Primary dentofacial deformity/orthognathic surgery		Complex dental cysts and cysts of the jaw
	TMJ – less than 2cm inter-incisal space		Other, please specify:
	Failed extraction		

Idiopathic facial pain should be referred to the local facial pain service.
Implants, bone grafting and apical surgery should be referred to restorative dentistry.

Justification for Referral

Further information, including why specialist care is required and all previous treatment for the condition. For third molars, explain how NICE guidelines are met. For TMJ, provide details of interincisal opening and date and review for splint.

CLINICALLY DIAGNOSTIC, RELEVANT RADIOGRAPHS *MUST BE* ATTACHED FOR ALL EXTRACTIONS

PLEASE INDICATE TOOTH REQUIRING TREATMENT

PERMANENT DENTITION

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

PRIMARY DENTITION

E	D	C	B	A	A	B	C	D	E
E	D	C	B	A	A	B	C	D	E

RELEVANT MEDICAL HISTORY FORM
DO NOT LEAVE ANY SECTION BLANK, ✓ FOR YES X FOR NO

✓	Patient is healthy with no known medical conditions	X	HIV / TB / CJD
X	Heart problems	X	Osteoporosis or bone / joint problems
X	High blood pressure	X	Skin conditions
X	Asthma / COPD / Chest problems	X	Mental health conditions
X	CVD/Epilepsy / Neurological conditions / Parkinson's Disease	X	Bleeding disorders / Coagulopathy / Sickle Cell disease
✓	Diabetes / Thyroid / Endocrine conditions	X	Drug dependency
X	Gastric disease	X	Alcohol dependency
X	Liver disease / Hepatitis	X	Allergies
X	Kidney disease	X	Cancer
Has the patient had, or are they currently receiving:			
X	Chemotherapy	X	Radiotherapy to the head and / or neck
X	Bisphosphonates (oral / IV), if so please state type and duration in medications box below	X	Anti-coagulant / anti-platelet medication, if so please state the type and duration in medications box below
Does the patient have a:			
X	Learning disability	✓	Visual impairment
X	Hearing impairment	X	Mobility impairment

Please give further details of medical conditions:

On medication for Diabetes but did not bring medication with him.
Advice given to patient to bring his medication to his IMOS appointment

Please give details of ALL medications (if applicable):

Not available

Any suspected malignancy of the mouth/jaws must be referred via the two week wait patient referral pathway.

I have read and understood the guidance notes for referrals of this type:

In Pain

Signed: SIGNED BY MR I.N .PAIN **Date: 30/5/2018**