

## SPECIALIST PRIMARY CARE ORTHODONTIC SERVICE

### REFERRAL FORM

Please ensure all boxes are filled in fully otherwise it may result in the referral being returned and the patient appointment being delayed

<b>Referral from (please circle):</b>	Orthodontist	GDP	GMP	Other:	
---------------------------------------	--------------	-----	-----	--------	--

<b><u>Patient Details</u></b>					
<b>Name:</b>					
<b>Address:</b>					
Post code:					
<b>DOB:</b>			<b>NHS Number:</b>		
<b>Gender:</b>		Male	Female	<b>Age:</b>	
<b>Home no.</b>			<b>Mobile no.</b>		

<b><u>General Dental Practitioner Details:</u></b>			<b><u>General Medical Practitioner Details:</u></b>		
<b>Name:</b>			<b>Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>Tel:</b>			<b>Tel:</b>		
<b>Performer number:</b>					

<b><u>Relevant dental / social / family history:</u></b>			<b><u>Relevant medical history / current medication:</u></b>		

<b><u>ORTHODONTIC PROBLEM:</u> Please give as much detail as possible</b>			
<b>Overjet problem:</b>		OJ =	mm
<b>Overbite problem:</b>			
<b>Crowding:</b>			
<b>Impacted teeth / submerged teeth:</b>			
<b>Missing teeth:</b>			
<b>Other:</b>			

<b><u>RADIOLOGY</u></b>					
<b>I enclose radiographs taken at the practice (please circle):</b>			<b>YES (indicate below)</b>	<b>NONE TAKEN</b>	
OPG	Lateral Ceph	Occlusal view	IOPA	Other	
<p><i>*Please note that radiographs sent to the hospital must be of excellent quality for diagnosis – if copies are sent please ensure they are printed out on high quality photographic paper and landscape view. Radiographs that are received which are not of sufficient quality for diagnosis may result in the referral being returned back to the practitioner.</i></p>					

<b>I confirm that the above information is accurate to the best of my knowledge:</b>			
PRINT NAME:		SIGNATURE:	
JOB TITLE:		Date:	
PRACTICE ADDRESS:			

**PLEASE SEND TO:**

SPECIALIST PRIMARY CARE ORTHODONTIC SERVICE,  
PRINCESS ALEXANDRA WING  
KINGSTON HOSPITAL, GALSWORTHY ROAD  
KINGSTON-UPON-THAMES  
SURREY, KT2 7QB  
**FAX: 020 8934 3272**