

## External Referral Form

### REFERRER DETAILS

Referrer Name:	Date of Referral:
Practice:	
Postcode:	
Telephone:	
Email:	

### PATIENT DETAILS

Name:	Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact Address:	Tel (Home/work/mobile):	
Postcode:		
Relevant Medical History:	Medications:	
Allergies:		

### REFERRAL DETAILS

Please indicate which clinical area the referral is for (tick all that apply):

<input type="checkbox"/> Fixed Prosthodontics <input type="checkbox"/> Removable Prosthodontics <input type="checkbox"/> Implants <input type="checkbox"/> Periodontics (including crown lengthening surgery) <input type="checkbox"/> Root Canal Treatment
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Enclosed:

Periodontal Charts  
  Study models  
  Radiographs  
  Clinical Photographs

Teeth Present	R			L
Please state the most recent BPE code				Date Recorded:
Details of current prostheses:				
Please give a general overview of the patient's / your concerns and the reason for referral:				
For <b>fixed conventional prosthodontic or implant cases</b> please indicate which category the patient's case fits to:				
<b>Routine:</b> Conforming to current occlusal relationships, restoration / replacement of 1-5 teeth				<input type="checkbox"/>
<b>Complex:</b> Re-organisation of occlusal relationships, restoration of $\geq 6$ teeth or management of uneven occlusal plane				<input type="checkbox"/>
N/A				<input type="checkbox"/>

## CONFIRMATIONS

I, the referring clinician, can confirm that the patient has consented to the referral and the patient is aware of the following:

1. The referral will be for a consultation with a specialist in restorative dentistry at a cost of £125 for a 30-minute consultation appointment.
2. The consultation will include a general discussion of treatment options to determine the patient's goals from treatment.
3. Before a full plan of treatment can be provided in most fixed prosthodontic / implant cases a prosthetic work-up / planning phase is required which will incur a further cost of £350 for a 'routine' case and £500 for a 'complex' case.
4. If a CBCT is required they will need to be able to travel to a scanning centre in Leeds. Costs for CBCT scans are paid directly to the scanning centre.
5. Implant Consultations are free of charge.

**Please note that referrals should only be made once risk factors for caries, periodontal disease and aetiological risk factors for toothwear have been controlled. The dentition should be caries free and periodontally stable unless there is a valid clinical reason or the referral is for periodontal treatment.**