NHS England
London Region

LONDON ORAL SURGERY REFERRAL FORM V2

PATIENT DETAILS		
Patient's title & name:	Sex:	Date of birth: (aged 13 & above)
Patient's address including postcode:		
Patient's email address:	Contact phone numbers:	NHS number (if known):
Please identify and highlight any patient information & communication support needs:		Interpreter required? ☐ Yes ☐ No Language:

REFERRER DETAILS	
GDP's name & practice address including postcode:	Dental practice phone number:
	Dental practice nhs.net e-mail address:

☐ LEVEL 2

Referral into IMOS PRIMARY CARE Service Only

Please mark reason for referral with an ✓ and complete the justification for referral in the section below.

Surgical removal of teeth, buried roots and fractured or residual root fragments that cannot be managed by GDP	☐	Management of uncomplicated third molars including surgical extractions requiring bone removal	☐
Failed extraction that cannot be managed by GDP (Please include pre & post operative radiographs)	☐	Management of uncomplicated impacted, ectopic teeth or supernumerary teeth, including surgical extractions requiring bone removal	☐
Minor soft tissue surgery e.g. frenectomy or to remove apparent non-suspicious lesions requiring appropriate histopathological assessment e.g. fibroepithelial polyps and mucoceles (Please include photographs)	☐	Other, please specify:	☐
Management of uncomplicated impacted teeth to include surgical exposure and bonding of orthodontic bracket or chain (Please include orthodontic treatment plan/justification)	☐		

☐ I confirm that I have discussed the different treatment options and modalities with the patient/parent and that LEVEL 2 surgical treatment under local anaesthesia is required.

☐ LEVEL 3

Referral into SECONDARY CARE Service Only

Please mark reason for referral with an ✓ and complete the justification for referral in the section below.

Surgical treatment of an anxious patient that cannot be managed in Level 2 IMOS, or a patient requesting sedation / GA	☐	Management of complicated third molars	☐
		Management of complicated erupted or impacted and supernumerary teeth	☐
Surgical treatment in a medically compromised patient who cannot be managed in Primary Care	☐	Management of complicated impacted teeth to include bonding of orthodontic bracket or chain	☐
Failed extractions not manageable with Level 2 IMOS (Please include pre and post operative radiographs)	☐	Complex hard tissue swellings of the mouth, jaws, neck, thyroid and salivary glands	☐
Soft tissue swellings of the mouth, jaws, neck, thyroid and salivary glands (Please include photographs)	☐	Salivary and gland disorders (lumps, chronic/obstructive salivary diseases and complex mucoceles	☐
Complex oral and mucosal ulceration; red and white patches of the mucosa (Please include photographs)	☐	Other, please specify:	☐
TMJ dysfunction – less than 2cm inter-incisal space	☐		
Complex dental cysts and cysts of the jaw	☐		

ANY SUSPECTED MALIGNANCY MUST BE REFERRED VIA THE TWO WEEKS WAIT PATIENT REFERRAL PATHWAY

PLEASE INDICATE TOOTH OR TEETH REQUIRING TREATMENT OR INDICATE LOCATION OF SUPERNUMERARY TOOTH OR TEETH WITH A "$"

PLEASE CONFIRM IN WRITING HERE WHICH TOOTH OR TEETH REQUIRE TREATMENT:

JUSTIFICATION FOR REFERRAL & RELEVANT FURTHER INFORMATION MUST BE INCLUDED BELOW:
You must include all relevant previous treatments and explain why specialist care is required.

☐ **MARK WITH (✓) IF URGENT CARE IS REQUIRED AND PLEASE STATE WHY:**

RADIOGRAPHS & PHOTOGRAPHS	
CLINICALLY DIAGNOSTIC RELEVANT RADIOGRAPHS MUST BE ATTACHED FOR ALL REFERRALS N.B. Printing digital radiographs reduces diagnostic quality. Please attach digitally. Radiographs should be labelled with identifiers: Patient name, DOB, Type of x-ray, side of mouth & image date	
_____ Number of Digital Radiographs / files attached via email	_____ Number of CDs /traditional / acetate / printed radiographs sent by post
Please attach radiographs & photographs here.	
If none provided, please specify reason:	

RELEVANT MEDICAL HISTORY FORM

Please complete all sections and mark any applicable section with ✓

GP's name & address including postcode:	GP practice nhs.net e-mail address: GP practice phone number:

Patient is healthy with no known medical conditions	☐	HIV / TB / CJD	☐
Heart problems	☐	Osteoporosis or bone / joint problems	☐
High blood pressure	☐	Skin conditions	☐
Asthma / COPD / Chest problems	☐	Mental health conditions	☐
CVD / Epilepsy / Neurological conditions / Parkinson's Disease	☐	Bleeding disorders/Coagulopathy/Sickle Cell	☐
Diabetes / Thyroid / Endocrine conditions	☐	Drug or Alcohol dependency	☐
Gastric disease	☐	Pregnancy	☐
Liver disease / Hepatitis	☐	Allergies	☐
Kidney disease	☐	Cancer	☐

Has the patient had, or are they currently receiving any of the following?

*If so, please give further details such as type, dose and duration in medications box below or as an attachment

Chemotherapy	☐	Radiotherapy to the head and/or neck	☐
Bisphosphonates (oral/IV), Biologics	☐	Anti-coagulant / anti-platelet medication	☐

Does the patient have any of the following?

*If so, please give further details to support communication & management

Learning disability	☐	Visual impairment	☐
Hearing impairment	☐	Mobility impairment	☐
Bariatric service need (> 22 stone/140 Kgs)	☐	Wheelchair need	☐

Please give further details of **MEDICAL CONDITIONS & ALL MEDICATIONS** here or by attaching additional supporting documentation:

_____ Number of additional supporting documents attached	Please specify:

REFERRER DECLARATION

I am the dentist responsible for this referral. I have read & understood the guidance notes for referrals of this type.
I have explained the reason for this referral & pathway. I have gained the patient's consent including the sharing of their information.
If appropriate, I have discussed with the patient the different management options e.g. alternative restorative options.
I have authorised this referral after ensuring all parts are completed with correct and accurate details and attachments.
I understand that referrals will be rejected if the required information has not been included

REFERRER NAME: _____

GDC NUMBER: _____ DATE: _____

FURTHER GUIDANCE FOR REFERRALS TO ORAL SURGERY

Details of complexity levels can be found in **Guide for Commissioning Oral Surgery and Oral Medicine (https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf)**

Level 1 complexity	Procedures/conditions to be performed or managed by a clinician commensurate with a level of competence as defined by the Curriculum for Dental Foundation Training or its equivalent. This is the minimum that a commissioner would expect to be delivered in a primary care contract.
Level 2 complexity	Procedures/conditions to be performed or managed by a clinician with enhanced skills, and experience who may or may not be on a specialist list. This care may require additional equipment or environment standards but can usually be provided in a primary care setting.
Level 3a complexity	Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; **OR** by a consultant.
Level 3b complexity	Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training. The consultant team may include trainees and SAS grades. Oral Surgery to also be delivered by Consultants in Oral & Maxillofacial Surgery who have the necessary competencies.

LEVEL 1 procedures/conditions

Extraction of erupted tooth/teeth including erupted uncomplicated third molars

- Effective management, including assessment for referral unerupted, impacted, ectopic and supernumerary teeth
- Extraction as appropriate of buried roots (whether fractured during extraction or retained root fragments)
- Understanding and assistance in the investigation, diagnosis and effective management of oral mucosal disease
- Early referral of patients (using 2-week pathway) with possible pre-malignant or malignant lesions
- Management of dental trauma including re-implantation of avulsed tooth/teeth
- Management of haemorrhage following tooth/teeth extraction
- Diagnosis and treatment of localised odontogenic infections and post-operative surgical complications with the appropriate therapeutic agents
- Diagnosis and referral patients with major odontogenic infections with the appropriate degree of urgency.
- Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients that require specialised management

LEVEL 2 procedures/conditions

- Surgical removal of uncomplicated third molars involving bone removal
- Surgical removal of buried roots and fractured or residual root fragments
- 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
- Minor soft tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis.eg: Fibroepithelial polyp & mucocele
- Failed extraction (attempted extraction not completed)

PLEASE NOTE - Idiopathic facial pain should be referred to the local facial pain service
Implants, bone grafting, crown lengthening & apical endodontic surgery should be referred to restorative dentistry

LEVEL 3 procedure/conditions

- Procedures involving soft/hard tissues where there is an increased risk of complications (such as nerve damage, displacement of fragments into the maxillary antrum and fracture of the mandible)
- Management and/or treatment of salivary gland disease
- Surgical removal of tooth/teeth/root(s) that may involve access into the maxillary antrum
- Management of temporomandibular disorders and craniofacial pain that have not responded to initial therapy
- Treatment of cysts
- Management of suspicious/non-suspicious oral lesions
- The placement of dental implants (that are eligible under the NHS) requiring complicated additional procedures such as bone grafting, sinus lifts etc.
- Treatment of complex dentoalveolar injuries
- Management of spreading infections and incision of abscesses (or abscess) requiring an extra-oral approach to drain
- Management of anxious patients that cannot be managed in level 2 or patients requesting sedation for oral surgery only

Depending on the complexity of the procedure, consultant-led care may be required to manage any of the above and, in addition, is required for the procedures listed below. These procedures will be delivered within a team (which may include specialist trainees, specialists and SAS grades) who have appropriate ability and facilities to provide high quality care for patients:

- Management of jaw and facial fractures
- Management of congenital and acquired jaw anomalies
- Advanced oral implantology and bone augmentation
- Diagnosis and treatment of anomalies and diseases of the TMJ
- Diagnosis and treatment of salivary gland diseases.

THIRD MOLARS
Strict adherence to the NICE guidelines will be observed. For clarity these include: • Unrestorable caries • Restorable caries in adjacent teeth necessitating extraction of third molar to restore the caries • Non-treatable pulpal/periapical pathology • Cellulitis • Abscess • Osteomyelitis • Internal/external resorption of the tooth or adjacent tooth • Fracture of tooth • Disease of follicle (cyst/tumour) • Documented pericoronitis on more than one occasion requiring medical or surgical treatment

REASONS FOR REFERRALS TO BE RETURNED TO GDP	
• Form is not typed or legible	• No performer details
• No practice details	• No reason given for need for specialist care
• No GP details	• No reason given why surgical extraction likely
• No medical history or insufficient details	• Radiograph of insufficient quality to be clinically diagnostic
• Inappropriate referral for that level of complexity	• No reason given for not attaching radiographs