

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: lnpain@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 <input type="checkbox"/>	Please confirm the patient consents to this referral and understands the reason for it: <input checked="" type="checkbox"/>

REASON FOR REFERRAL INTO IMOS SERVICE

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

<input type="checkbox"/>	Surgical removal of uncomplicated third molars involving bone removal	Surgical removal of buried roots and fractured or residual root fragments
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	Failed extraction	Other, please specify:
<input type="checkbox"/>	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.

<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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))
<input type="checkbox"/>	Primary dentofacial deformity/orthognathic surgery	Complex dental cysts and cysts of the jaw
<input type="checkbox"/>	TMJ – less than 2cm inter-incisal space	Other, please specify:
<input type="checkbox"/>	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.

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