

Referral Form

Rainford Orthodontics

SMILES WITH CONFIDENCE



Referrals
Rainford Orthodontics
13 Church Road
Rainford, St. Helens
Merseyside
WA11 8HE

www.rainfordortho.co.uk

Tel: 01744 88 2222

Patient name:
Date of Birth:
Address:

Tel:
E-mail:

Dentist name:
Surgery address/stamp:

Tel:
Fax:
E-mail:

Date of referral: / /

Referral type: NHS Private

In order to help prioritise referrals effectively and to ensure the correct time, please tick as many as apply:

Increased overjet	<input type="checkbox"/>	Crowding	<input type="checkbox"/>	Canine erupts late (pat)	<input type="checkbox"/>
Crossbites	<input type="checkbox"/>	Molars of poor prognosis	<input type="checkbox"/>	Impacted teeth	<input type="checkbox"/>
Spacing	<input type="checkbox"/>	Hypodontia	<input type="checkbox"/>	Abnormal eruption pattern	<input type="checkbox"/>
Supernumerary	<input type="checkbox"/>	Submerging teeth	<input type="checkbox"/>		

Any other relevant information:

Radiographs sent: Yes*
No
*If yes, please indicate type of radiograph(s) and number:

Thank you for your referral

E-mail us at: info@rainfordortho.co.uk
Tel: 01744 88 2222

Referral guide:

Most orthodontic treatment is carried out for children aged 10 years and over, and once the permanent dentition is established

Exceptions to this rule, when referral in the mixed dentition is appropriate, are:

- Anterior or posterior crossbites
- Asymmetry in the pattern of tooth eruption (e.g. a lateral incisor erupts before a central)
- Molars of Poor Prognosis (seek opinion before extracting)
- Lack of palpable canine bulges buccally (age 10 onwards)
- Hypodontia
- Supernumerary teeth
- Submerging deciduous molars
- Impacted teeth

Otherwise, please delay referral until the first premolars have erupted