

# London Intermediate Minor Oral Surgery Referral Form

22.06.18

## PATIENT DETAILS

Patient's Title and Name:	Gender:	Date of Birth:
Patient's Address:	Postcode	
Patient's email address:	Contact Number: (mobile preferred for SMS messaging):	NHS Number (if known):

## REFERRER DETAILS

Referrer's Name:	Practice Postcode:	Interpreter required? Language? <b>YES / NO</b>
Practice Name and Address:		Practice phone number:
		GDC Number:
Patient's GP Name and Address including postcode:		
Practice E-mail address:		Telephone:
If urgent care, please state why:	Please tick if a wheelchair user <input type="checkbox"/>	Please confirm the patient consents to this referral and understands the reason for it:

## 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	<input type="checkbox"/> Surgical removal of buried roots and fractured or residual root fragments
<input type="checkbox"/> Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth)	<input type="checkbox"/> Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain.
<input type="checkbox"/> Failed extraction	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Salivary and gland disorders (lumps, chronic/obstructive salivary diseases and complex mucoceles (ranula)
<input type="checkbox"/> Primary dentofacial deformity/orthognathic surgery	<input type="checkbox"/> Complex dental cysts and cysts of the jaw
<input type="checkbox"/> TMJ – less than 2cm inter-incisal space	<input type="checkbox"/> 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.

**CLINICALLY DIAGNOSTIC, RELEVANT RADIOGRAPHS *MUST BE ATTACHED FOR ALL EXTRACTIONS***

**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	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 disease
Diabetes / Thyroid / Endocrine conditions	Drug dependency
Gastric disease	Alcohol dependency
Liver disease / Hepatitis	Allergies
Kidney disease	Cancer

**Has the patient had, or are they currently receiving:**

Chemotherapy	Radiotherapy to the head and / or neck
Bisphosphonates (oral / IV), if so please state type and duration in medications box below	Anti-coagulant / anti-platelet medication, if so please state the type and duration in medications box below

**Does the patient have a:**

Learning disability	Visual impairment
Hearing impairment	Mobility impairment

Please give further details of medical conditions:

Please give details of ALL medications (if applicable):

**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:

Signed: \_\_\_\_\_ 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-commission-oral.pdf>)

<b>Level 1 complexity</b>	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.
<b>Level 2 complexity</b>	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.
<b>Level 3a complexity</b>	Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list; <b>OR</b> by a consultant.
<b>Level 3b complexity</b>	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
- Surgical endodontics
- 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)

**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

***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 the adjacent tooth that necessitates 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**

<b>REASONS FOR REFERRALS TO BE RETURNED TO GDP</b>	
● 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