

Private &
Specialist
Services

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Guidance for Dentists
and Nurses on how to

Refer

a patient for a
specialist service

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YOUR FIRST CHOICE FOR DENTAL CARE

All about how to refer a patient

Refer with Confidence

As a member of the Rodericks team, you already know about our high standards and the high expectations we have of our clinical and nursing team. So you can expect the same from clinicians working with our Specialist and Referral Services (S&RS). And with duty of care of paramount importance to a referring dentist, you know the team will take care of your patients.

Our Referral Centre clinicians are carefully selected and we require them to demonstrate the skills necessary to deliver clinical excellence and a professional level of customer service. Furthermore, lead times to consultation are very good and you will be kept fully updated with the progress of your patient whilst under the care of the practice.

Our responsibilities to you are to ensuring that your patient remains in safe hands. You can rest assured that we will always return your patients to you, for continued care and advice.

Concerns about Treatment

Whilst we fully expect a positive experience and outcome for your patient, if there are any concerns which you would like to raise you should contact the Practice Manager to discuss them. Please be reassured your concerns will be treated in the strictest of confidence and fully investigated.

The information contained in this document will assist you in understanding when to refer a patient for treatment and how to refer.

Your Referral

We only provide treatment that the dentist has referred the patient to us for. No further work will be undertaken without notifying you and the patient will be returned to you for their continued care.

We have included some guidelines of when to refer patients to help you give the right advice prior to referral.

Endodontics

Patients requiring endodontic treatment should be referred:

- When you consider it to be outside your area of experience or expertise
- A previously failed root filling
- Very difficult root morphology
- Very difficult access
- Fractured instrument in a root canal
- Perforations through the floor of the pulp or laterally through roots
- Excessive root filling material or medicaments extruded through apex

Implants

Patients requiring implant treatment should be referred:

- When a patient is missing a tooth for any reason
- Edentulous patient with difficulties wearing conventional complete dentures
- For a patient who cannot tolerate dentures
- The abutment teeth are un-restored or minimally restored
- The abutment teeth are weak
- When posterior teeth are missing and no distal abutment is present

Prosthodontics/Restorative

Patients requiring prosth/restorative treatment should be referred:

- When unsuccessful conventional treatment
- Where treatment is out with your area of skill or expertise
- Cosmetic smile design
- Excessive tooth surface loss (wear cases)
- Extra coronal restoration of the complete anterior guidance including pontic units
- Extra coronal restoration of opposing sextants (all teeth)
- Restoration that are supported by osseointegrated implants
- Significant re-organisation of occlusion
- Evidence of significant parafunction
- Significant/severe limitation of mouth opening

Orthodontics

The Index of Orthodontic Treatment Need (IOTN) must be used to assess the need and eligibility of children under 18 years of age for NHS orthodontic treatment on dental health grounds. NHS orthodontic treatment to adults is not usually available.

IOTN scoring is based on The Dental Health Component (DHC) which is graded on severity and The Aesthetic Component (AC). The NHS does realise that some children need orthodontic treatment due to the appearance of teeth. In the NHS, the AC is used for border-line cases with Grade 3 DHC. If the case as a high AC score, NHS treatment is permissible. Orthodontists also recommend early referrals for possible interceptive treatment especially in mixed dentition where there is:

- Anterior or posterior crossbites with associated mandibular displacement
- Class III malocclusion in the mixed dentition
- Class II/I malocclusion where there is an underlying skeletal II pattern. Most functional appliances are easiest to wear when upper 4|4 are fully erupted. Such a patient entering his or her pubertal growth spurt should be seen without delay
- Asymmetry in the pattern of tooth eruption (especially upper central incisors)
- Severely hypoplastic/carious first molars of poor long-term prognosis
- Lack of palpable canine bulges buccally at 10-12 years indicating palatal impaction of canines
- Hypodontia (missing teeth); supernumerary teeth
- Submerged deciduous molars; impacted first permanent molars
- Periodontal problems caused by severely ectopic tooth position
- Severe crowding of incisors

Periodontics

Patients requiring periodontic treatment should be referred:

- If a patient has non-responsive persistent pocketing >6mm then referral should at least be considered.
- If you are in any doubt as to your ability to manage a case, referral is indicated to avoid future medico legal complications of a poorly managed, treated case where a timely referral has not been made.

Patients who may benefit from referral include:

- Code 4 BPE – the specialist may prefer initial indices and treatment undertaken and oral health secured prior to referral (check with the specialist)
- Code 4 BPE – in a patient aged less than 35 years old who is a non-smoker with good oral health
- Patients who require crown lengthening
- Patients who requires mucogingival procedures
- Patients who are refractory to initial therapy and who have good oral hygiene

Sedation

Most dental patients are able to accept dental treatment with local analgesia and sympathetic management. Some, however, require additional help from a range of techniques, including sedation. Anxious patients will often ask for sedation or will have had it before.

The MDAS (modified dental anxiety scale) can be used to assess whether sedation is needed.

Short Term Orthodontics

Please ensure as much information about the general Oral Health of the patient is provided.

Minor Oral Surgery

Please provide as much information as possible to ensure that we understand the reason for referral and intended outcome.