



NHS Staffordshire Orthodontic Referral Proforma

Date.....

Referring Practitioner	
Name.....	
Address.....	
Contact telephone number.....	
Email.....	
Fax number.....	

Patient details	
Name.....	Male / Female (please circle)
Address.....	
Postcode.....	NHS No.....
Contact telephone number.....	Date of birth.....

General Medical Practitioner – Dr
 Address of surgery

- | | | |
|---|-----|----|
| Is the patient committed to wearing braces? | Yes | No |
| Does the patient have active caries? | Yes | No |
| Does the patient have good oral hygiene? | Yes | No |

Relevant medical history:.....

Please tick as many boxes as necessary that apply to the case

- | | | |
|--|--|---|
| 1. Unerupted canines in patient aged 12 years <input type="checkbox"/> | | 10. Anterior or posterior crossbites with displacement <input type="checkbox"/> |
| 2. Overjet >3.5mm <6mm with incompetent lips <input type="checkbox"/> | | 11. Supplemental teeth <input type="checkbox"/> |
| 3. Overjet >6mm <input type="checkbox"/> | | 12. Severely displaced teeth >4mm <input type="checkbox"/> |
| 4. Reverse overjet > -1mm <input type="checkbox"/> | | 13. Submerged deciduous teeth <input type="checkbox"/> |
| 5. Traumatic overbite <input type="checkbox"/> | | 14. Severe crowding <input type="checkbox"/> |
| 6. Impeded eruption and impaction of teeth <input type="checkbox"/> | | 15. Private assessment <input type="checkbox"/> |
| 7. Hypodontia <input type="checkbox"/> | | 16. GDP would like an opinion <input type="checkbox"/> |
| 8. Lateral or anterior open bites <input type="checkbox"/> | | |
| 9. Possible multidisciplinary case <input type="checkbox"/> | | |

What is the patient's complaint?

