

Referral Form

Referrals
Sunlight Orthodontics
215 New Chester Road
New Ferry
Wirral
CH62 4RD



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 your patient is seen at the correct time, please tick as many as apply:

| | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|
| Increased overjet | <input type="checkbox"/> | Crowding | <input type="checkbox"/> | Cannot palpate canines (patient aged 10 and over) | <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"/> | Irregular 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@sunlightorthodontics.co.uk
Tel: 0151 645 5473

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