

RESTORATIVE DENTISTRY
Proforma for Referrals from Primary Dental Care

St George's University Hospitals 
NHS Foundation Trust

For official use only:

Letter received:

	Accepted	Declined	
Further information requested	Y	Y	N
Radiographs requested	Y	Y	N

Department of Restorative Dentistry
Maxillofacial Unit
Blackshaw Road
London
SW17 0QT

Telephone: 0208 725 1233
Fax: 0208 725 3081

Date of referral:

Patient Details NHS Number:

Name: DOB:

Address:

Dentist's name and address/stamp:

Name of referrer:

Signature of referrer:

Doctor's name and address:

Reason for referral (please select one):

Opinion/Advice

Treatment

Further details: (please include relevant medical and dental history)

Radiographs (or copies) enclosed: Yes No

(Please enclose any relevant radiographs taken within the past 12 months. Original radiographs will be returned to you as soon as possible)

For all referrals:

Has primary dental disease been controlled? Yes No
If not, please provide primary disease control or explain why this is not possible
.....
.....

For Periodontal referrals:

Has a cycle of periodontal treatment been completed? Yes No
Have pre and post treatment full periodontal indices been attached to referral? Yes No
If not, please see Treatment Protocol for Chronic Periodontitis and provide the first cycle of treatment
Referrals which do not contain the appropriate indices will be rejected at triage

For Endodontic referrals:

Is the tooth of critical strategic importance? Yes No
Has the tooth been assessed for restorability? Yes No N/A
If yes please give details.....
.....
Has root canal treatment/retreatment been attempted? Yes No N/A
If not, please see dismantle all restorations on the tooth and assess restorability and attempt treatment

For Prosthodontic referrals:

Does the patient require specialist treatment within a hospital setting? Yes No
If yes, please specify why:
.....

Please complete this referral form and note that incomplete referral forms will be rejected.

Please note that we are unable to treat patients suffering from anxieties related to dental treatment, as we do not provide restorative dental treatment for adults under inhalational or intravenous sedation. We also do not accept patients who struggle to achieve adequate anaesthesia, if this is the only reason for referral.

Please see our referral guidelines available on the departmental for further details regarding acceptance criteria for restorative dental treatment at St George's University Hospitals NHS Foundation Trust.

Patients will never be accepted for treatment for financial reasons, for example if the patient is unwilling to meet financial costs of primary/private care dentistry, as patients are accepted for treatment purely on clinical need based on complexity of the required treatment.

Once completed, please return this form to either Stgh-tr.referrals@nhs.net or Central Booking Service, St George's University Hospitals NHS Foundation Trust, Blackshaw Road, Tooting, London, SW17 0QT.