

\*Return to: Abid Razi, ECRA, Eastman Dental Hospital, 256 Grays Inn Road, London WC1X 8LD\*

<b>Eastman Dental Hospital</b> <b>Endodontics Referral Proforma – ALL sections MUST BE completed</b> <b>Referrals from General Medical Practitioners will NOT be accepted</b>									
<b>Referrer Name:</b>		<b>Date of referral:</b>							
<b>Practice Address:</b>		<b>Tel:</b>							
<b>Post Code:</b>		<b>Email:</b>							
<b>Type of Referral</b>	Routine <input type="checkbox"/>		Urgent <input type="checkbox"/>						
<b>Patient Details</b>									
<b>Surname:</b>		<b>Forename(First Name):</b>							
<b>D.O.B:</b>	<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>								
<b>Contact Address:</b>		<b>Contact Tel No (Day time 9am - 5pm):</b>							
<b>Post Code:</b>		<b>Hospital No (if previously seen):</b>							
<b>Problem for Which Patient is Being Referred:</b>									
<b>Patient's Complaint and Diagnosis:</b>									
<b>Medical History:</b>									
<b>Tooth of Concern:</b>	Details of <b>ALL</b> treatment provided in the <b>last two years</b> for this Tooth with dates:								
Has treatment of primary disease been undertaken, and completed:		Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>BPE Scores:</b>	<table border="1" style="margin: auto;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table>								<b>Radiographs enclosed:</b>
		PAs <input type="checkbox"/>							
		OPG <input type="checkbox"/>							
		Other:							
<b>Additional Information:</b>									

**Signed:** .....

**Dated:** .....

### Guidance for Referral:

ALL referrals must be sent with parallel view radiographs of good diagnostic value. Referral without radiographs will not be accepted. Referrals are accepted on the basis of good restorative and periodontal status and prognosis of the teeth. The restorative prognosis of teeth must have been assessed by the referring dentist prior to referral

### Referrals must contain:

- standard information
- plus*
- details of previous root canal treatment including timing, number of visits, type of irrigant and medicament used and any difficulties encountered;
  - details of any fractured instruments;
  - history of any traumatic injury to the tooth;
  - Details of any pulp capping

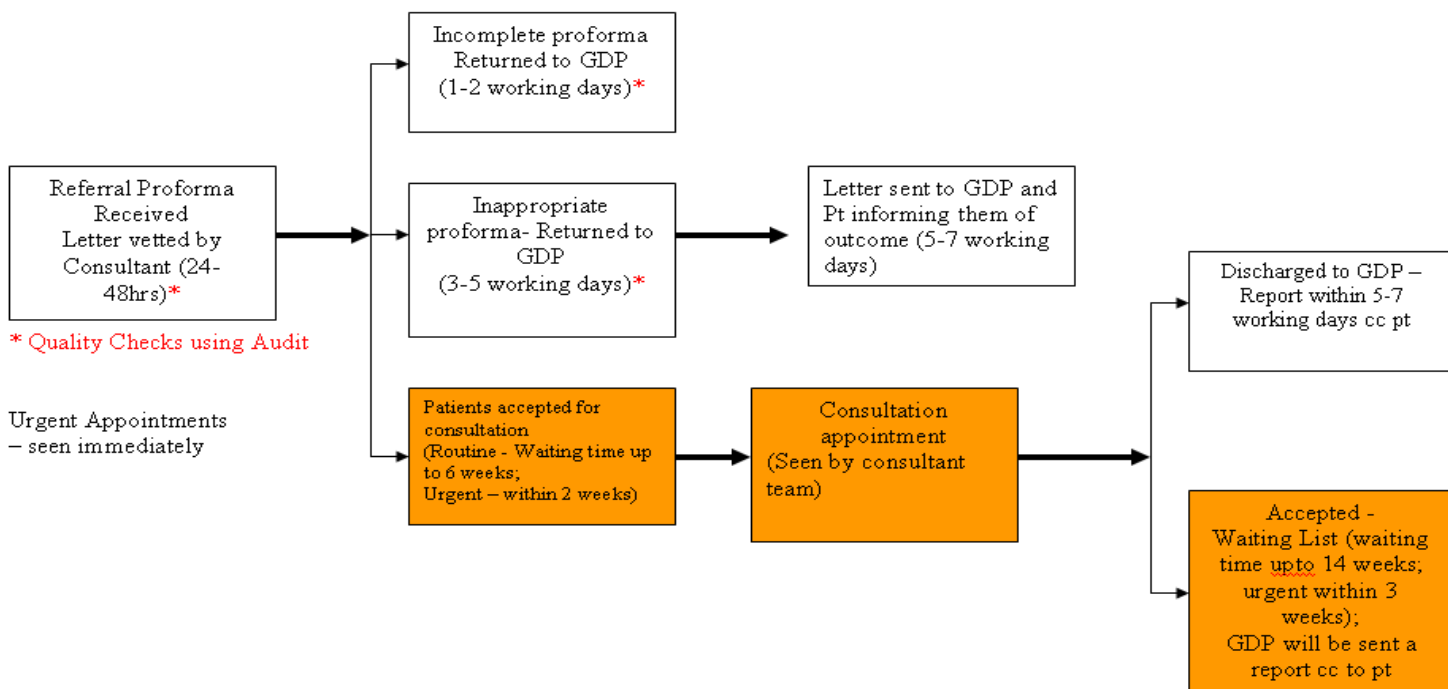
### Who may be refused?

- Referral letters that do not contain the required information that enables the letter to be assessed adequately
- Patients who are not registered with a dentist.
- Patients with primary dental disease, e.g. poor oral hygiene or active caries.
- Patients referred where finance is the motivating factor
- Patients not meeting the referral criteria set out by the department
- Illegible referrals

### Criteria for Acceptance for Treatment:

- Primary treatment of pulpal and periapicals disease with a priority for teeth with anatomical complexities
- Conventional re-treatment of failed root canal treatment (including retrieval of gutta-percha, resin, metallic root fillings)
- Removal of fractured instruments and intra-radicular posts
- Root perforations
- Traumatic dento-alveolar injuries in adults
- Tooth Resorption
- Surgical treatment of failed root canal treatment in the presence of adequate conventional obturation
- Pain diagnosis

### Patient pathway for Referrals to the Eastman



Waiting times in line with national targets- 18 weeks from Referral to treatment for those accepted

Different levels of information sheets and data will be sent to the patient. Each patient receives copy of the clinical report after consultation;