We are a major teaching hospital and aim to deliver the highest quality care for all our patients, as well as providing teaching for undergraduate dental students and postgraduate trainees.

The following notes are intended as a guide to practitioners considering referring patients to us. Please read these guidelines carefully to avoid your referral being returned and your patient being disappointed.

**GENERAL GUIDELINES**

- All referrals must be made using the referral pro forma:

- The completed referral form should be sent to:
  - Central Appointments, First Floor, 9 Prescott Street, London, E1 8PR

- All dental extraction and TMJ referrals must be from a dentist

- When referring a patient please include any relevant x-rays

- For teaching purposes, a limited number of suitable patients requiring uncomplicated dental extractions are accepted for treatment by students, according to training requirements. This referral stream is strictly limited according to these requirements.
1. Simple extractions of erupted teeth and roots in medically fit patients
   - Medically fit patients and patients with medical comorbidities that can be managed in primary care will be accepted solely on the basis of educational requirement

2. Simple extractions of erupted teeth and roots in medically compromised patients who cannot be managed in primary care
   - e.g. coagulopathies, chemotherapy patients

3. Impacted teeth
   3a. Third molars
   - Strict adherence to the NICE guidelines will be observed. For clarity these include:
     - Unrestorable caries
     - Restorable caries in the adjacent tooth that necessitates extraction of third molar to restore the caries
     - Non-treatable pulpal/periapical pathology
     - Cellulitis
     - Abscess
     - Osteomyelitis
     - Internal/external resorption of the tooth or adjacent tooth
     - Fracture of tooth
     - Disease of follicle (cyst/tumour)
     - Documented pericoronitis on more than one occasion requiring medical or surgical treatment
   - All referrals must detail precise indication for removal

3b. Other teeth/supernumerary teeth
   - The department of Oral and Maxillofacial Surgery offers a liaison service with the department of Orthodontics and Paediatric Dentistry for the treatment of all supernumerary and supplemental teeth
   - Ectopic teeth will only be accepted when accompanied by a defined Orthodontic treatment plan
4. **Orthodontic extractions/surgery/expose and bonding**

   - We accept referrals for:
     - Extraction of impacted teeth
     - Surgical exposure +/- bonding of impacted teeth
     - Orthodontic soft tissue surgery/fraenectomy

   - Please note that:
     - All referrals must include a copy of the orthodontic extraction pattern, signed by the orthodontist
     - All routine adult orthodontic extractions will be regarded as simple extractions and be managed according to training requirements
     - All routine orthodontic extractions in patients under 16 years of age must be referred to the department of Paediatric Dentistry

5. **Dental and jaw cysts**

   - All cysts of the jaws +/- accompanying impacted teeth and other radiolucencies and radio-opacities for diagnosis and management

6. **Soft and hard tissue swellings of the mouth, jaws, neck, salivary and thyroid glands**

   - Refer urgently to Accident and Emergency:
     - All acute infection from the salivary gland and ductal system causing facial cellulitis and/or intraoral swellings

   - We accept referrals for:
     - Salivary gland lesions/swellings
     - Sub-acute infection and/or obstructive symptoms from salivary glands, which may include meal-time symptoms

   - Fast growing salivary gland mass with/without cervical lymph nodes or nerve deficits should be referred via the two week wait referral form:

   - Enclose any radiographs that may show calculi in salivary glands or their ducts

   - Refer when salivary gland/duct stones are suspected or identified on clinical examination and/or dental radiographs
7. New oral mucosal ulceration, white and red patches of the mucosa. Any suspected malignancy of the mouth, jaws

- Please refer recurrent oral ulceration to the Oral Medicine department:
  - [http://www.bartshealth.nhs.uk/media/127458/OM%20Referral.doc](http://www.bartshealth.nhs.uk/media/127458/OM%20Referral.doc)
- Any suspected malignancy **must** be referred via the two week wait patient referrals. The referral form for this can be found via the link below:

8. Facial and jaw trauma including fractures and soft tissue injuries

- Acute injuries should be directed to the Accident and emergency department for immediate medical assessment
- All trauma cases can be discussed by telephone with the on-call SHO in Oral and Maxillofacial Surgery on bleep 1110
- Please refer to our dedicated trauma liaison clinic with ENT, Neurosurgery, Plastic and Reconstructive surgery, Restorative Dentistry and Ophthalmology:
  - On-going care following treatment abroad or from a distant hospital
  - Residual bone deformity
  - Post-traumatic malocclusion
  - Post-traumatic tooth loss/complex restorative management
  - Post-traumatic facial scarring
  - Post-traumatic eye socket problems

9. Primary dentofacial deformity/Orthognathic Surgery

- Please direct all referrals to our Orthodontics department where these cases are primarily managed through liaison clinics with dedicated Oral and Maxillofacial surgeons:
  - [http://bartshealth.nhs.uk/media/127470/Ortho-Referral.doc](http://bartshealth.nhs.uk/media/127470/Ortho-Referral.doc)
10. Disorders of the Temporomandibular Joint

- Primary functional TMJ dysfunction is managed in primary care. We advise that:
  
  o Initial management may involve supportive patient education on avoidance of clenching and grinding, relaxation and a soft diet
  o Pharmacological pain relief with Non-Steroidal Anti-Inflammatory Drugs and remedial jaw exercises can also be of value
  o For patients with persistent pain, stabilising splints or bite raising appliances may help

- We accept referral for:
  
  o Refractory TMJ dysfunction, defined as dysfunction that has failed to respond to conservative or primary care measures after 6 months including the provision of a bite guard
  o Limitation or progressive difficulty in mouth opening (closed lock)
  o Pain or reduced jaw function in patients with known rheumatic joint disease
  o Recurrent dislocation of TMJ and or associated syndromes

- Please note that
  
  o Referrals for this condition must be from a dentist
  o Patients seeing their GMP should be referred to a GDP in the first instance
  o Details of the patient’s symptom history, examination findings and treatment already received, including date of splint insertion and review, must be included

11. Suspicious or infected skin lesions of the face, head and neck
1. Idiopathic facial pain

- There is no dedicated facial pain clinic at the Dental Institute.
- Referrals for Burning Mouth Syndrome should be directed to our Oral Medicine department:
  - [http://bartshealth.nhs.uk/media/127458/OM%20Referral.doc](http://bartshealth.nhs.uk/media/127458/OM%20Referral.doc)
- All other referrals should be directed to the Eastman Hospital:
  - [https://www.uclh.nhs.uk/HP/Howtorefer/Specialist%20referral%20forms/facial%20pain%20referral%20form.pdf](https://www.uclh.nhs.uk/HP/Howtorefer/Specialist%20referral%20forms/facial%20pain%20referral%20form.pdf)

2. Implants and bone grafting

- All referrals should be directed to our Restorative Dentistry department:
  - [http://bartshealth.nhs.uk/media/127485/RD-Referral.doc](http://bartshealth.nhs.uk/media/127485/RD-Referral.doc)