

Specialist Orthodontic Referral Centre  
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# DavidGale

## Specialist Orthodontic Referral Centre

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 RCS (Eng)

Please fill in this form in block letters in black ink			
<b>1. Dentist Name</b>			
Practice address (Use stamp if wish)	Addr 1		
	Addr 2		
	Addr 3		
	Addr 4		
<b>Postcode</b>	Tel No.		
<b>2. Patient Name</b>	DOB ____/____/____		
Patient address	Addr 1		
	Addr 2		
	Addr 3		
	Addr 4		
<b>Postcode</b>	Tel No.		
<b>3. Orthodontic problems requiring immediate help</b>	<p>Giving the following information will help prioritise the patient correctly before they are seen</p> <table border="1"> <tr> <td><b>Overjet =</b> _____ mm</td> <td><b>Canines</b> If patient &gt; 9 years: Are unerupted canines palpable labially - <b>Y / N</b></td> </tr> </table>	<b>Overjet =</b> _____ mm	<b>Canines</b> If patient > 9 years: Are unerupted canines palpable labially - <b>Y / N</b>
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<b>4. Funding</b>	<b>Private / NHS</b> delete as applicable		
<b>5. Previous Radiographs</b>	Radiation Hygiene Regulations - If a patient has had an <b>OPG, cephalogram or other relevant radiographs</b> in the last 12 months you are required to supply them with the referral letter. These will be scanned in and the originals returned to you immediately if required. <b>NUMBER OF Rg's= .....</b>		
<b>6. Other information e.g. dental health / motivation</b>			

I wish to refer this patient to you for an orthodontic opinion which, with the consent of the patient and orthodontist may lead on to NHS or private orthodontic treatment

Signed (dentist) ..... Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Shaded area = administrative information

White area = clinical information

Note - it has been suggested that Index of Treatment Needs (IOTN) may be used by the DPB in future