Referral service: **Specialist Orthodontics**

|  |  |
| --- | --- |
| Referrering Dentist: |       |
| Practice Address:  |       |
| Telephone Number: |       |
| Email Address: |       |

|  |  |
| --- | --- |
| Patient’s Name |       |
| Date of Birth |       |
| Address |       |
| Telephone Number |       |
| Email address |       |
| Relevant Medical History:Medication:Any known allergies: |                 |

Patients preferred method of communication: Phone [ ]  Email [ ]

Attached imaging:

[ ]  OPT

[ ]  Intra-oral radiographs

[ ]  Photographs

[ ]  3D scan (STL/PLY)

**SPECIALIST ORTHODONTIC REFERRAL FORM:**

Details of patient’s case and observations:

Treatment requested *(e.g. consultation only , consultation and treatment)*:

Aims of treatment *(e.g. improved aesthetics, improved function, ortho-restorative case etc)*

After specialist orthodontics has been completed, should restorative/cosmetic work be required, please choose

 [ ]  I will provide the restorative/cosmetic following specialist orthodontic treatment
 [ ]  I would like Perfect 32 to complete all required treatment for the referred tooth including restorative/cosmetic work.

For teeth with gross caries / broken down teeth / questionable tooth structure and prognosis , the tooth will need to be repaired to a state to allow specialist orthodontic treatment to be started. If the tooth has questionable structural defects, please select:

[ ]  I will stabilise the dentition prior to orthodontic treatment.

[ ]  I would like Perfect 32 to assess restorability of tooth prior to orthodontic treatment.

If extractions are required as part of the treatment, please select how you would want to proceed.
[ ]  Return the patient to me for extractions / further treatment
[ ]  Perfect 32 to extract (specialist oral surgery is also available)

Please attach any relevant imaging to the referral email or letter.

Patient has been advised of consultation cost: YES [ ]  NO [ ]

(See below for costs – please be aware the website will have the most up to date prices)

**Price guide (2025):**

|  |  |
| --- | --- |
| **Specialist Orthodontics** | Cost from |
| Specialist Orthodontic Consultation(i.e. Children, Adults with no wear or restorative requirements) | £120 |
| Ortho-restorative cases:Initial Restorative assessment – to be done by our restorative dentists firstComplex/Joint Ortho-restorative consultation (Must have initial restorative assessment first) | £120£120 |
| Fixed appliances (Under 18) | From £3,000 |
| Fixed appliances  | From £3,500 |
| Clear aligners | From £4,000 |
|  |  |
| **Imaging** |  |
| OPT  | Included with consultation |
| CBCT (price depends on FOV) | From £120 |