Referral service: **Specialist Orthodontics**

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| --- | --- |
| 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):**

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| **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 first  Complex/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 |