

WESSEX AREA TEAM

Additional information on SPECIALIST REMOVABLE PROSTHODONTIC TREATMENT (complete or partial appliances)

MAY 2013

Examples of currently recognised exceptions

1. Where there are orofacial defects requiring obturation/ restoration
2. Patients with unique requirements, for example special care patients or those aged 18 years and under, who require specialist management for a successful long-term outcome.
3. Patients with medical conditions who need specialist management to increase the potential for a successful outcome, or where anatomical configurations of the jaws make specialist intervention necessary.

Referral Requirements

For a referral to be accepted the following criteria are required:

- The patient should be a regular attender in practice and motivated to maintain a high standard of oral hygiene.
- The letter of referral should contain an indication of the history of the problem and of the treatment carried out to date.
- A recent high quality panoramic or full mouth periapical radiograph where appropriate. Digital print-outs must be of diagnostic quality. Faxed and photocopied images will not be accepted.
- Appropriate study models, where they would add useful additional information to support the referral.

Inability to pay for private treatment is not an indication for a referral.

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