**Intermediate Tier (Tier 2)**

**IMMEDIATE POST-OPERATIVE REFERRAL – FAILED EXTRACTIONS**

**Patients Aged 16 Years Plus**

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| **THIS FORM SHOULD ONLY BE COMPLETED FOLLOWING A FAILED EXTRACTION AND IMMEDIATE ACTION IS REQUIRED FOR ENTRY INTO INTERMEDIATE TIER**  **YOU SHOULD NOT USE THIS FORM TO MAKE A STANDARD REFERRAL TO INTERMEDIATE TIER OR MAXILLOFACIAL SURGERY**   1. **Complete this form and submit to BCU.NWCDSReferralsTeamCentral@wales.nhs.uk. Mark the email as ‘HIGH PRIORITY’ with the title “IMMEDIATE POST-OPERATIVE REFERRAL – FAILED EXTRACTIONS”.** 2. **Prior to submission of this form please ensure that you have encrypted it with a strong password and notified this to BCU.NWCDSReferralsTeamCentral@wales.nhs.uk OR use secure file sharing software.**   I confirm that I have understood the referral criteria and my patient understands the need for the referral and consents to be referred: **PRACTITIONER** **TO CONFIRM**: |

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| **Patient’s title and full name:** | **Age:** | **Date of birth:** |
|  |  |  |
| **Patient’s Full address, including postcode:** | **Best daytime contact number:** | |
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| **Referrer’s name:** | **Practice name:** | | **Practice address:** |
|  |  | |  |
| **Practice telephone number** | |  | |

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| **Main reason for referral is for completion of failed extraction(s). Please provide details of the procedure** |
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| **\*\*\*You will be required to provide a pre and post-operative x-ray and attach to this document**  **otherwise the referral will be rejected\*\*\*** |

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| **In order to determine the referral suitability, please answer the following questions:** | | **Details** |
| Patient is willing to travel? | yes / no: |  |
| Patient agrees to attend the appointment? | yes / no: |  |
| Is the patient taking Warfarin or DOACs? | yes / no: |  |
| Is the patient taking steroids? | yes / no: |  |
| Is there any significant medical history relevant to dental extraction? | yes / no: |  |
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**The referring practitioner is responsible for providing emergency follow-up treatment but may liaise with this service for advice if necessary.**

**Referral to Intermediate Tier Failed Extraction Emergency Service Checklist**

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| **Prior to referral please ensure all questions have been answered** | | | | **Tick when complete:** |
| The patient requires an urgent appointment for a failed extraction undertaken in the last 48 hours: | | | | |
| * Tooth fractured to gum level requiring surgical extraction beyond practitioner skill scope | | | |  |
| * Sedation or GA is NOT required | | | |  |
| * The patient is aged 16 years or over | | | |  |
| * All patient details including phone number are provided | | | |  |
| * The patient understands the reasons and has given consent for the referral | | | |  |
| Patient is willing to travel to Wrexham Dental Centre, Grove Road, Wrexham, LL11 1DY | | | |  |
| Patient agrees to attend the appointment? | | | |  |
| You have stated if the patient is taking Warfarin or DOACs | | | |  |
| You have stated if the patient is taking steroids | | | |  |
| You have stated if there is any significant medical history relevant to dental extractions | | | |  |
| You have made available pre- and post-extraction attempt radiographs of appropriate quality and attached them to this referral |  |  |  |  |
| You have secured this form with a password (sent separately) or will send via from a HB wales.nhs.uk address | | | |  |
| You have marked the email “High Priority” with a title “Immediate Post-Operative Referral – Failed Extractions” | | | |  |
| You have sent the email to **BCU.NWCDSReferralsTeamCentral@wales.nhs.uk** | | | |  |