Patient information

Orthodontic department

Whipps Cross University Hospital
Orthodontic treatment

Why have I been referred?
Your dentist or orthodontist feels you may need benefit from orthodontic treatment.

What is orthodontic treatment?
Orthodontic treatment involves the movement of teeth using braces. Sometimes teeth need to be removed and occasionally jaw surgery is necessary.

Why may I need orthodontic treatment?
The three main reasons for having orthodontic treatment are to improve:

- the appearance of the teeth
- function (e.g. make it easier to eat)
- the health of the teeth and gums

About your first appointment

What will happen?
This appointment is for a check-up where the orthodontist will look at your teeth using a mirror and ruler. X-rays, moulds and photographs may also be taken to help decide the best treatment for you.

Who will I see?
The new patient clinic is run by an orthodontic consultant. You may also be seen by an orthodontic registrar who a fully qualified dentist training to be an orthodontist (specialist in braces).

How long will the appointment take?

Please be prepared to allow the whole morning or whole afternoon

If you are more than 10 minutes late for your appointment, we may not be able to see you.
If you do not attend without informing us, you will be discharged back to your dentist.

What if I cannot attend?
Please contact the orthodontic department as soon as possible so that your appointment can be given to someone else.

Orthodontic reception ☏ 0208 535 6437
What do I need to bring?

- Appointment letter
- Completed Registration form (enclosed)
- Completed Medical History Form (enclosed)
- Any x-rays your dentist or orthodontist has taken recently

Please contact us if you require an interpreter for your appointment.

What will happen following my first appointment?

There are a number of possible outcomes, which will be explained during your appointment:

- **You would benefit from orthodontic treatment**
  - In the hospital
    - You need to decide if you would like to go ahead
  - But the treatment is LESS complex
    - Treatment can be carried out by an orthodontist in specialist practice (NOT in the hospital)
  - But the treatment is MORE complex and require the advice from other specialist dentists
    - You may be referred to our colleagues in the Royal London Hospital for a further assessment

- **You are NOT CURRENTLY SUITABLE for orthodontic treatment**
  - You are not ready for treatment yet
    - You may need to see the orthodontist again when you are older
  - You may not need or be eligible for NHS treatment
    - The position of your teeth is or expected to be acceptable
  - You need to IMPROVE YOUR BRUSHING or some fillings need doing
    - Treatment is withheld from patients who fail to maintain clean teeth and gums.
Who will carry out the treatment?

If you qualify for treatment at Whipps Cross then an orthodontic consultant, registrar or associate specialist will carry out your orthodontic treatment.

Your general dentist will usually carry out any extractions that are necessary as part of the treatment. If you need more complex surgery as part of your treatment, you may be referred to the Oral and Maxillofacial Surgery department at Whipps Cross Hospital.

When will treatment start?

This will depend upon:

1) How many of your adult teeth have come through (your treatment may be best started once the baby teeth have been lost)

2) The urgency of your treatment:

- You may be given priority if your treatment needs to be carried out while you are growing rapidly
- Other treatment may need to be delayed until the face and jaws have stopped growing.

Which type of braces will I have?

There are many types of braces. The most common braces are fixed (train track) or removable. Your orthodontist will advise you which is most appropriate. Sometimes you may need more than one type of brace.

<table>
<thead>
<tr>
<th>Fixed braces</th>
<th>Removable Braces</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Train Track Braces)</td>
<td>(e.g. Functional appliance)</td>
</tr>
</tbody>
</table>

**Before**

**During**

**After**
Confidential Medical History

(To be filled in by patient, parent or guardian)

Surname: ........................................  First Name: ........................................

Date of Birth: ........................................  Male □  Female □

School / Occupation: ........................................................................................................

Are you / is your child in good health?  Yes □  No □

<table>
<thead>
<tr>
<th>Any problems with:</th>
<th>No</th>
<th>Yes (please provide further details)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart</strong> e.g. murmur / high blood pressure / rheumatic fever</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Breathing</strong> e.g. Chest trouble / shortness of breath / Asthma</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Infectious diseases</strong> e.g. TB / HIV / Hepatitis B/C</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Liver</strong> e.g. jaundice / hepatitis / HIV</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Prolonged bleeding</strong> needing hospital treatment / family history of bleeding?</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Any previous operations / serious illness / visits to hospital?</strong></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
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<tr>
<td><strong>Hormones</strong> e.g. diabetes / thyroid</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Skin</strong> e.g. eczema / psoriasis</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Nervous System</strong> e.g. Fainting / blackouts / epilepsy</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Any learning difficulties or developmental delay?</strong></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Allergies</strong> e.g. medicines / food</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Women only</strong>: Could you be pregnant?</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
<tr>
<td><strong>Are you taking any medications?</strong> (pills, tablets, medicines, inhalers)</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

Please use this space to let us know of any further details not included elsewhere on this form

I confirm that the above information is correct and consent to this information being shared with Dental and Medical colleagues in any letter pertaining to this appointment

Signature of patient/guardian.........................................................  Date..............................

Checked by:  

Date
Patient Registration Form

Please complete in CAPITAL LETTERS

Name .................................................................................................................. Date of Birth ....................................................................................................

NHS Number (if known) ......................................................................................... Religion ........................................................................................................

Gender.......................... Marital Status: Single / Civil Partnership / Separated / Divorced / Widowed / Other

Address............................................................................................................................................................................

................................................................................................................................................................. Postcode ........................................................................................................

Home Phone Number ................................................................. Mobile Number ...........................................................................

Can we leave a message if you are unavailable? Yes / No

Family Doctor ................................................................. Name and Address of Surgery.................................

................................................................................................................................................................................................

Next of Kin Name .................................................................... Relationship ............................................................................

(Emergency contact with whom we may discuss your care)

Address .................................................................................................................................................................................................

Contact Telephone Numbers ..........................................................................................................................................................

Ethnic Origin (please circle)

Ethnic origin is important to ensure fairness of access to Healthcare. These categories are in line with the office of population Census and the commission for Racial Equality.

<table>
<thead>
<tr>
<th>White</th>
<th>British</th>
<th>A</th>
<th>Irish</th>
<th>B</th>
<th>Other</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>H</td>
<td>I</td>
<td>K</td>
<td>L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British</td>
<td>M</td>
<td>N</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ethnic Group</td>
<td>R</td>
<td>S</td>
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Stop Smoking Referral

We are committed to improving the health of our patients, staff and the local community. Stopping smoking is usually the most important thing a smoker can do to improve their health. Whipps Cross Hospital routinely refers smokers to their free local NHS Stop Smoking Service.

I am a smoker ☐ I am an ex-smoker (not smoked in the last 14 days) ☐ I am a non-smoker ☐

Stop Smoking Referral OPT-OUT ☐

I do not want to be contacted by my local Stop Smoking Service with information on the support available.

Signature ............................................................................................................ Date ...............................................................
How do I find the Orthodontic Department?

The Orthodontic Department is located in the main hospital at Junction 2, Ground Floor.

How do I get to Whipps Cross University Hospital?

By Car: The main entrance is located on Whipps Cross Road (A114) between the Whipps Cross roundabout and the Green Man roundabout.

The address for satellite navigation is Whipps Cross Road, E11 1NR.

There is limited parking available on the hospital site (400 spaces) so patients are discouraged from travelling by car wherever possible.

By Bus: Buses W12, W15, W19 and 357 stop within the hospital grounds (alight at main entrance bus stop for the orthodontic department).

Buses 257, 56 and 230 stop at the Whipps Cross roundabout, which is short walk away from the hospital.

By Tube: The nearest tube stations are:

- **Leytonstone** in the Central Line (take buses W15 or W19 from bus stop A)
- **Walthamstow Central** on the Victoria Line (bus W12, W15 or W19 from stop B).
Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services.
www.bartshealth.nhs.uk/pals

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinize irtibata geçin.

Tell us what you think

Tweet us @NHSBartsHealth
Talk to us via facebook.com/bartshealth
Leave feedback on NHS Choices www.nhs.uk

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All our patient information leaflets are reviewed every three years.