NHS
Gloucestershire Hospitals
NHS Foundation Trust

Name:	
Date of Birth:	DD / MM / YYYY
MRN Number:	
NHS Number:	
(OR AFFIX HOSPITAL LABEL HERE)	

Temporo-Mandibular Joint Referral Form

www.gloshospitals.nhs.uk/glosmaxfax

Please advise your patients that treatment will most likely be performed at Cirencester Hospital. Please tick [ ] to confirm patient informed.

The Faculty of Dental Surgery (RCS Eng) published detailed guidance in 2013 regarding the primary care management of Temporomandibular Discorders. It is clear form this guidance that secondary care intervention is only needed in a small number of cases.

www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/
www.gloshospitals.nhs.uk/glosmaxfax/tmj

As a result we will now only accept TMJ referrals when there are the following (please tick)	
Intractable TMJ pain or persistent closed lock (less than 20mm trismus) that has not responded in 3 months to physio / jaw exercise, analgesia and a BRA / splint if indicated by the above guidance	❑
Diagnostic doubt (see 'Key Fact' section of above document)	❑

Patient details	
Name	D.O.B
Gender Male ❑ Female ❑	NHS No (Mandatory)
Address Postcode	
Home telephone	Mobile telephone
Any medical conditions, allergies/reactions and medications	

Name of referring dentist (print name)	
Signature	Date DD / MM / YYYY
Address of referring dentist	