

Name
Address 1
Address 2
Address 3
Town
County
AA1 2BB

NHS Dental Services
PO Box 3181
Eastbourne
BN21 9PQ

Helpdesk: 01323 433234

e-mail: nhsbsa.dsorthoadmin@nhs.net
Website: www.nhsbsa.nhs.uk/dental

Private and Confidential.

Our ref: VIS123456

Date: 01-11-2018

Dear [contract holder's name] ,

Orthodontic Clinical Assessment - Contract no. 123456/1234/1234

Our records show that the patients listed below were treated by you (or one of your performers).

Patient	DOB	Performer	Performer Number
K COURIER	29/06/2002	DEREK THEDENTIST	123456
S READ	15/03/2001	DEREK THEDENTIST	123456
P LARK	12/12/2003	DEREK THEDENTIST	123456
J MANLEY	23/09/2002	DEREK THEDENTIST	123456
D GASMAN	04/03/2002	DEREK THEDENTIST	123456

If the orthodontic treatment for any of the above patients was not provided exclusively by the performer specified, please give details on the Orthodontic Case Assessment form (enclosed).

As part of our routine monitoring procedures we would be grateful if you would forward the clinical information specified on the following page for these patients within **28 days** of receiving this letter.

Please do not send any other patient records (such as plaster study models, FP25s, medical history questionnaires or extra-oral photographs).

AT THE END OF THIS DOCUMENT IS A PROCEDURE FOR SUPPLYING THE RECORDS THAT WE REQUIRE.

WE ARE UNABLE TO RETURN ANY ITEMS SO PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

Should you have any queries please call our helpdesk on 01323 433 234. Calls are monitored.

We would like to thank you in advance for your assistance.

Yours sincerely,
Orthodontic Services, NHSBSA Dental Services.

Enclosed Forms:

Orthodontic Case Assessment (OCA) form.
Notes on completing OCA form.
Checklist of records required/supplied.
Advice notes on encryption.

Digital Clinical Information Required: PLEASE SEND AS DIGITAL COPIES

The enclosed Orthodontic Case Assessment (OCA) form. (SCAN AND SEND DIGITAL COPIES)

Copies are available on line at :

http://www.nhsbsa.nhs.uk/DentalServices/Documents/DentalServices/OCA_form_0415.pdf

(Please ensure that all sections of this form are fully completed for each patient).

Copies of all relevant radiographs, where available, scan and send digital copies.

Copies of pre- and post-treatment intra-oral photographs, scan and send digital copies.

A copy of the FP17 DCO form, scan and send digital copies.

3D STL format digital study models* of the pre-and post-treatment dentition and occlusion for each of the selected cases.

(SEND PLASTER MODELS TO A LAB AND SEND THE DIGITAL IMAGES TO US.)

Further information on the requirements for 3D digital study models and how to obtain these images from plaster originals is given in the Procedure on the next page and is available from: www.nhsbsa.nhs.uk/DentalServices/4445.aspx

• For incomplete cases please send copies of any relevant records that have been obtained.

Digital Information Requirements:

PLEASE ENSURE THAT ALL INFORMATION REQUESTED IS SENT TO US DIGITALLY ON AN ENCRYPTED CD, DVD OR USB MEMORY STICK.

Any digital information should be in the following formats:

STL 3D model file (for the 3D images) - STL format

Photos, radiographs - JPEG / BMP / PNG / GIF

Documents - TXT / DOC / PDF

Zipped Files/ folders - ZIP / RAR

WE NO LONGER ACCEPT:

Original radiographic films

Plaster Study models

Paper documentation - **Please scan all documents and send on digital media**, including OCA forms, checklist, explanatory letters, FP17 DCO, and the record return slip (final page of this letter).

Private and confidential

Name

Address 1

Address 2

Address 3

Town

County

PLEASE ATTACH THIS SLIP TO THE REQUESTED ITEMS WHEN THEY ARE SENT

**We are unable to return any items so please do not
send original documents, plaster models or
radiographic films.**

Our ref: VIS123456

Contract no. 123456/1234/1234

Patient	DOB	Performer	Performer Number
K COURIER	29/06/2002	DEREK THEDENTIST	123456
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PROCEDURE FOR SENDING IN REQUEST RECORDS

Obtaining 3D STL study model images of the plaster models:

It is the responsibility of the practice to ensure that the individual 3D STL study model image files are no greater than 12MB in size.

Individual image files greater than 12MB cannot be accepted, and we will request the model images be re-submitted in the required format.

Please ensure that your laboratory is aware of this requirement before employing their services.

It is also essential to check the accuracy of the images received from the laboratory before sending them to us.

1) Send plaster study models to a lab to be converted to 3D STL model images.

Before sending this information to us **please ensure that it can be clearly viewed** and **CHECK** the 3D STL digital study model images to verify that they are a true and accurate representation of each patient's dentition and occlusion. Also check the image file size is no greater than 12MB, see above.

Please refer to the Orthodontic assessment records checklist (enclosed) for further information.

2) Set up a **Records** folder on your computer, labelled VIS123456 , which is the reference number for this case. This **Records** folder consists of five sub folders, one named for each patient, these are the **Patient Records** folders.

Within the **Patient Records** folders there should be

- i. **PRE Treatment** folder for the 3D STL study model images.
- ii. **POST Treatment** folder for the 3D STL study model images.
- iii. **OPG/Photo** Folder for the OPG's and any intra-oral photographs,
- iv. **Paperwork** Folder for the scanned documentation, i.e. the OCA forms, any letters, FP17 DCO forms.

3) Complete OCA forms, and scan them to the **Patient Records** folder for that patient.

4) Scan OPG's FP17DCO, photos etc. :

Check the images for clarity and move to the **Patient Records** folder for that patient.

5) When the 3D STL digital study model images are received back from the laboratory :

Check the 3D STL digital study model images are accurate, manoeuvrable, precise and less than 12MB in size for each file (See above).

Place the 3D STL digital study model images in the correct individual **Patient Records** folder.

6) Complete the Orthodontic Checklist and scan to the **Paperwork** folder.

7) **Encrypt** the **Records** folder. All information sent to us must be encrypted.

(As an example, general Instructions for encryption are enclosed with this letter)

8) Copy this encrypted folder to digital media, i.e. USB flash drive/stick, SD card, CD/DVD.

9) Send the digital media to us at the following address:

**NHS Dental Services
FAO Orthodontic Services
PO Box 3181
1 St Annes Road
EASTBOURNE
BN21 9PQ**

10) Encryption passwords should be sent to nhsbsa.dsorthoadmin@nhs.net on the day the digital media is sent to us, including your reference number (VIS123456) as the subject. line.