

### FRP Criteria

Fixed and Removable Prosthodontic (FRP) Clinical Offer Post COVID-19 priority list of conditions that we will accept and those which at the present time we will not accept for treatment. Please read in conjunction with our referral guidance.

Conditions that we will prioritise	
Conditions that will be seen as routine	
Conditions that we will not accept at the current time	
	<b>Head &amp; Neck Oncology assessments</b>
	<b>Head &amp; Neck Oncology rehabilitation</b>
	<b>Rehabilitation of patients with severe dentoalveolar trauma</b>
	<b>Cleft and hypodontia cases mid rehabilitation</b>
	<b>Patients mid treatment</b>
<b>Fixed prosthodontics</b>	<b>Advice only</b> on failing crown and bridge work (GDP must provide full records including: photos, study models, and recent radiographs)
	Toothwear: A limited diagnostic service available to those with significant functional or pain issues where conservative measures have failed to stabilise the occlusion and the patient's oral health is at risk. See appendix tooth wear flow chart.
<b>Removable prosthodontics</b>	<b>Patient must have a functional or pain issue and meet one of the following criteria:-</b>
	Anatomical difficulties i.e. severely resorbed ridges, tori, enlarged tuberosities
	Concurrent mucogingival disease e.g. Lichen planus
	Concurrent xerostomia
	MRONJ
	Limited opening (<2 fingers width)
	Reduced neuromuscular control
	Drifted or over erupted teeth contributing to a difficult occlusion
	Use of sectional prosthesis is indicated
	Advice on fixed vs. removable options (study models and appropriate recent radiographs should be provided)
<b>Head &amp; Neck Oncology Cleft lip &amp; palate</b>	Replacement of prosthesis for head & neck oncology and cleft patients where a repair has failed or significant pain/ functional issues and outwith the scope of GDS
<b>Hypodontia</b>	MDT planning
	Rehabilitation if appropriate
	Adhesive bridgework or removable prosthesis if part of comprehensive Restorative plan
	Implants only for cases who have already undergone pre-implant grafting. Simple restorations may be required until our full clinical service resumes
	Repair over replacement preferable
<b>Other congenital/ acquired oral defects e.g. Amelogenesis or severe dental trauma</b>	Treatment planning

	Rehabilitation if appropriate (priority for functional issues/pain)
	Implants for dental trauma (as per agreed criteria) if grafting already undertaken or teeth extracted
	Dismantling of existing crown and bridgework
	Treatment for patients with dental material allergies
	Replacement of implant prostheses provided out with NHS
	Aesthetic complaints
	Denture material allergy
	Sensitive gag reflex
	Dentures not attempted by GDP within last 12 months
	Implants out with referral criteria
	Aesthetic concerns with dentures
	Remake of dentures previously made at GDH unless GDP has attempted this in past 12 months
	Assess suitability for UG programme
<b>Head &amp; Neck oncology, cleft or hypodontia</b>	Routine dentistry pre-and post-treatment
	Remake of existing prosthesis unless causing pain/functional issues
	Emergency primary care treatment