

Retainer Telephone Check List Greater Manchester Orthodontic MCN

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Patient Details/Label

Name

D.O.B.

Address

Hospital No

Date phoned:

Was contact made?

Yes No → Ring again

Spoken to:

Patient Parent/Carer

1st attempt.....

2nd attempt.....

3rd attempt.....

Discharge letter sent.....

Confirm patient is wearing retainer

Yes

When are they wearing it?

.....

Advice given if any

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.....

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No

If not, why not?

.....

Advice given if any

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.....

- Explained to patient/parent:**
- Original features of malocclusion may return if retainer not worn as instructed.
 - Charge applicable for future replacements by GDP.

Next review:

.....

Staff Signature.....

Print Name.....

GDC No.....

Confirm which retainer they have been issued with

VFR (ESSIX)

Does the retainer fit well?

Yes No → Attend B/B Clinic

Does the retainer have any signs of wear?

Defect	Yes	No
Cracks		
Splits		
Holes		

If yes to any of above to attend B/B clinic

Hawley

Does the retainer fit well? Is it loose?

Yes No → Attend B/B Clinic

Does the retainer have any signs of wear?

Defect	Yes	No
Broken wires		
Cracked plastic parts		

If yes to any of the above to attend B/B clinic

Bonded retainer

Is the retainer still attached to all the teeth?

Yes No → attend B/B

Unsure → attend B/B

Further comments:

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