SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private
MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 20 May 2026
Your Ref: 100337
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: NICOLE BLACK DOB: 24/06/1980

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

GLASGOW DENTAL HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation.

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☑		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	

Doctor's Name & Address	Dentist's Name & Address
DR SUDD ARDROSSAN ~~GENERAL~~ HEALTH CENTRE, CENTRAL AVE	MR COLLINS 1 EGLINGTON ROAD
Post Code KA22 7DX	Post Code KA22 8LL
Tel No: 01294 463838	Tel No: 01294 466431
Date: 16/5/13	Signature:

* Delete where applicable

What is your ethnic group?

- **PLEASE HAND COMPLETED FORM TO RECEPTIONIST**

		Please tick √
A.	White	✓ Scottish
		Other British
		Irish
B.	Mixed – Please give details	
C.	Asian; Asian Scottish or Asian British	Indian
		Pakistani
		Bangladeshi
		Chinese
	Any other Asian background-please give details	
D.	Black, Black Scottish or Black British	Caribbean
		African
	Any other background-please give details	
E.	Other Ethnic background; Please give details:	
	Prefer not to answer	
	Not Provided	

Reception/Registration Staff must update Registration fields appropriat

17	Have you attended this hospital before? If Yes, please state when.	✓		
18	Have you been resident in the UK for the past 12 Months		✓	

Gillian Robertson

TITLE: MR/MRS/MS/~~MISS~~*	HOME TEL No: 01296 461 979
FORENAME: NICOLE	MOBILE TEL No: 07726464021
SURNAME: BLACK	OCCUPATION:
ADDRESS: 25 MCKENHAR AVE	DATE OF BIRTH: 26/06/1980
ARDROSSAN	MARITAL STATUS: MARRIED/~~SINGLE~~*
NORTH AYRSHIRE	~~Are you the~~ PATIENT/PARENT/GUARDIAN/TRANSLATOR*
	ARMED FORCES YES/~~NO~~* NAVY/ARMY/RAF*
POST CODE: KA22 7AS	ARMED FORCES DEPENDANT/VETERAN*

	PLEASE ANSWER ALL QUESTIONS	NO	YES	DETAILS
1	Are you an expectant or nursing mother?	✓		
2	Have you had rheumatic fever or St. Vitus Dance (chorea)?	✓		
3	Have you had Hepatitis, Jaundice or Tuberculosis?	✓		
4	Have you had any heart complaints, such as heart attack, High blood pressure, angina, heart murmur or a Replacement heart valve?		✓	HEART MURMUR Holter
5	Do you suffer from Bronchitis, Asthma or other chest Condition?		✓	ASTHMA
6	Do you have Diabetes?	✓		
7	Do you have Arthritis?	✓		
8	Are you receiving any tablets, creams, ointments from your Doctor?		✓	LAMOTRAGINE 200MG CITALOPRAM LORATODINE Inhalers
9	Are you taking or have you taken steroids in the last 2 years?		✓	
10	Are you allergic to any medicines, foods or materials?		✓	PENICILLIN
11	Do you suffer from Epilepsy?		✓	EPILEPSY
12	Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?	✓		
13	Do you suffer from blood disorders such as Anaemia?	✓		
14	Do you have any other medical conditions/special needs or Disabilities?	✓		
15	Are you attending any other hospital clinics or Specialist? Specialists?		✓	DR RAZVI CROSSHOUSE
16	Have you ever been hospitalised? If Yes, what for and when?		✓	SEPTEMBER 2012 FOR MY EPILEPSY

Clinical letter - Others: (Draft)

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0114 211 9600
Department: ORAL SURGERY
Contact Tel: Reception/ Appointments: 01412119658
Enquiries to:

Mr B A Collins
Dental Surgeon
1 Eglinton Road
Ardrossan
Ayrshire
KA22 8LL

Letter Date:
Reference: SK/CMCB
Dictated Date: 12/09/2014
Transcribed Date: 24/09/2014

Dear Mr Collins,

NICOLE BLACK; D.O.B: 24/06/1980; CHI: 2406806421
25 MCKELLAR AVENUE, Ardrossan, Ayrshire, KA22 7AS

Further to previous correspondence we reviewed Nicole on her implant assessment on 12 September 2014.
Unfortunately since her last visit she has not attended yourself for any treatment and on examination she still continues to have poor oral hygiene with significant plaque deposits and gingivitis in all four quadrants. Her upper canines now have grade II mobility as to her upper first premolars. There is also grade I and II mobility of her lower anterior teeth.
I have advised the patient in view of her ongoing periodontal disease, poor oral hygiene and poor prognosis for the upper canine and first premolars that she is not suitable for implant treatment. We feel that her best option is a full assessment with yourself for periodontal treatment and decision with regards to the long term prognosis of the upper canines and first premols. We have advised the patient in view of her medical history an application for prior approval for construction of a cobalt chrome partial upper denture would probably be granted and that this is the most appropriate treatment for her.
She has now been discharged back to your care.
Kind regards.

Yours sincerely,

SIOBHAN KYLE

Associate Specialist in Oral Surgery

Electronically Signed:

cc. Dr Christine Goodall
Senior Lecturer (Honorary Consultant)
(Academic Oral Surgery)
Glasgow Dental Hospital & School

378 Sauchiehall Street
GLASGOW G2 3JZ

28/3

Acute Services Division

Oral Health Directorate

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

NHS
Greater Glasgow and Clyde

Department of Restorative Dentistry
Direct Dial Secretary: 0141-211-9796
Direct Dial Reception: 0141-211-9787

Our Ref: KJJ/CMcB

Dictated: 20/05/2013
Typed: 21/05/2013

Dr Christine Goodall
Senior Lecturer (Honorary Consultant)
(Academic Oral Surgery)
Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ

c.c. Mr B A Collins, BDS
Dental Surgeon
1 Eglinton Road
ARDROSSAN
Ayrshire
KA22 8LL

Dear Dr Goodall

Nicole Black - 24/06/1980
25 McKellar Avenue, Ardrossan, Ayrshire, KA22 7AS
Unit No: 10544632H, CHI No: 2406806421

I would be grateful for your assessment of the above named patient. Nicole suffers severe epilepsy and lost her maxillary central incisor teeth due to a fall some time ago. She has worn a partial denture in the past, but has been advised, on medical grounds, to dispense with this because of threat of airway obstruction. The prognosis for the lateral incisor teeth is poor and I believe that extraction of teeth 12 22 with implants in these sites and construction of four units of bridgework would be a good way forward. There is a need for endodontic treatment of tooth 23 and I have instructed the patient's general dental practitioner about this.

I would be grateful if you could assess the situation from a surgical point of view and, if appropriate, take things forward with regard to an implant surgical phase planning and treatment. I will, of course, be happy to see Nicole in due course for restorative treatment.

With kind regards.

Yours sincerely,

DR KEVIN J JENNINGS
Consultant in Restorative Dentistry

DOSTRS

28/8/14

10:30

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Mr B A Collins BDS
Dental Surgeon
1 Eglinton Road
Ardrossan
Ayrshire
KA22 8LL

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0114 211 9600

Department: Oral Surgery
Tel: Reception 0141 211 9658
Enquiries to: Secretary 0141 211 9654

Letter Date: 10/04/2014
Reference: VG/PS
Dictated Date: 04/04/2014
Transcribed Date: 07/04/2014

Dear Mr Collins,

Name:	**BLACK NICOLE**
CHI:	**2406806421**
DOB:	**24/06/1980**
Address:	**25 MCKELLAR AVENUE**
	Ardrossan
	Ayrshire
	KA22 7AS

The above patient was referred by our restorative colleague, Dr Kevin Jennings, Consultant in Restorative Dentistry, for an opinion with regard to the possibility of extraction of teeth 12 and 22 followed by implant placement given Nicole's medical history including epilepsy whereby wearing a denture has been deemed an airway risk. Nicole was seen on Dr Goodall's implant assessment clinic on the 28th of March 2014.

Today, Nicole complained that she is missing teeth 11 and 21 and that she is aware that teeth 12 and 22 need extraction. She is not wearing a partial denture at all given the risk to her airway during grand mal seizures. Nicole today stated that she is aware she needs root canal treatment undertaken in tooth 23.

Her medical history includes epilepsy and she suffers from 3 to 4 grand mal seizures daily. Medication includes Lamotrigine, Citalopram, Loratadine, Salbutamol and steroid inhalers daily and she is allergic to Penicillin.

Clinical examination revealed nothing of note extraorally and I note that she has a class III skeletal base. Intraorally teeth 11 and 21 are missing, tooth 22 previously had a post crown in situ and now a retained carious root. Tooth 12 is present and is grade 1 mobile. I note that teeth 13 and 23 are also grade 1 mobile. There is heavy plaque and calculus deposits throughout the mouth and evidence of caries in several teeth as well as active periodontal disease.

Today I had a discussion with Nicole that unfortunately the general condition of her mouth needs to improve significantly before we can investigate implant treatment further. I would be most grateful if you could arrange to see Nicole at your earliest convenience to provide her with a full assessment with regard her periodontal condition and caries. Please find enclosed with this letter radiographs of her maxillary 3 to 3 to help in treatment planning for Nicole.

Today Nicole expressed concerns that her medical history may pose a barrier to recieving treatment in general practice. I discussed with Nicole that this is unlikely to be the case but should there be any concerns with regard to providing treatment in a general practice environment, referral to the local community dental service as an urgent matter could be considered given she has an extensive list of treatment required and she is currently unable to wear a prosthesis to replace teeth 11 and 21 which has a significant impact on her self confidence.

I have arranged a review for Nicole on 12 September 2014 within our Department to review her progress with regard her mouth and to discuss whether implant treatment is a possibility.

Kind regards

Yours sincerely

Vicki Greig

Specialist Registrar

Department of Oral Surgery

Enc copy of x-ray

Electronically Signed: ,

cc. Dr Kevin Jennings
Consultant in Restorative Dentistry
Glasgow Dental Hospital and School

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Mr B A Collins BDS
Dental Surgeon
1 Eglinton Road
Ardrossan
Ayrshire
KA22 8LL

Dental Hospital
378 Sauchiehall Street
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Main Switchboard: 0114 211 9600

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	Ardrossan
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	KA22 7AS

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Yours sincerely

Vicki Greig

Specialist Registrar

Department of Oral Surgery

Enc copy of x-ray

Electronically Signed: ,

cc. Dr Kevin Jennings
Consultant in Restorative Dentistry
Glasgow Dental Hospital and School

THE GLASGOW DENTAL HOSPITAL AND SCHOOL — ORAL SURGERY DEPT.

SURNAME	CHRISTIAN NAME(S)	UNIT NUMBER

CONSULTANT	REFERRED BY
Goodall	

DATE

28/3/14

Referred rc K. Jennings for possible Xtn teeth 2|2 & Implant placement.

PC; missing 1|1

Since then L2 # @ crown.

Unsure if had RCT L3.

Dentist not undertake any Tx since

Sent for opinion @ GDH

Not wearing denture @ all due to risk

MH: epilepsy - 3-4 grand mal seizures daily

non epileptic seizures also -

Heart murmur

Asthma

meds: Lamotrigine
Citalopram
loratadine
Salbutamol
Steroid inhales } daily

Allergic to penicillin

DH: not seen GDP since seen Dr Jennings

Unsure needs RCT L3

pain etc

SH: non smoker

Vry rarely alcohol.

lives @ home mum & 5 year old son.

P.T.O.

DEPARTMENT OF ORAL SURGERY

E/O: Nil of note
Class 3 Skeletal base

I/O. 1|1 missing
L2 post crown missing & carious
2| Grade 1+ mobility
3|3 Grade 1 mobile
L3 discoloured.
Caries throughout mouth
perio disease
heavy plaque deposits
likely class III incisal relationship
tight for space for restoration

d/w pt that overall health of mouth needs to improve before investigate implant TX further.

Plan: 1) urgent letter to GDP re general TX, perio, ext L3 ± investigation 3| & caries management.
2) follow up with phone call - if not willing to treat refer community service
3) 12/09/14 [illegible] 12:00 r/v re progress as per S.Kyle implant options anterior

[signature]
Str O/S
17714?

4/4/14 Called Mr Collins GDP re above.
He is happy to see pt & will arrange r/v appoint.
Urgent letter also sent.

V.Cree
Str O/S
17714?

Glasgow Dental Hospital and School

NHS

10544632H
BLACK F
NICOLE 24/06/1980
25 MCKELLAR AVENUE
ARDROSSAN
AYRSHIRE KA22 7AS
CHI-2406806421

Treatment Record

Date	Dept	Treatment	Staff	Student
12/9/14	Implant	Goodall - R/V		
		Since last visit patient hasn't		
		~~[illegible]~~ visited her dentist		
		∴ no treatment since last visit		
		OE: 3|3 now grade II mobile		
		4|4 grade II mobile		
		1|1 grade I mobile		
		52|23 grade II mobile		
		significant plaque deposits		
		~~[illegible]~~ and gingivitis all		
		four quadrants		
		Pt S/B Dr Goodall		
		pt advised that in view of		
		ongoing periodontal disease		
		poor oral hygiene		
		poor prognosis 43|34		
		pt is not suitable for implant		
		Rx		
		best option full assess at gdp		
		& perio Rx decision re 43|34		
		and CoCr PU - will probably		
		be eligible for prior approval		
		of CoCr on medical grounds		
				[signature]
		Pt ☺		
			[signature]	
			S.19414	
			AD	

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

Department of Restorative Dentistry
Direct Dial Secretary: 0141-211-9796
Direct Dial Reception: 0141-211-9787

Our Ref: KJJ/CMcB

Dictated: 20/05/2013
Typed: 21/05/2013

Dr Christine Goodall
Senior Lecturer (Honorary Consultant)
(Academic Oral Surgery)
Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ

c.c. Mr B A Collins, BDS
Dental Surgeon
1 Eglinton Road
ARDROSSAN
Ayrshire
KA22 8LL

Dear Dr Goodall

Nicole Black - 24/06/1980
25 McKellar Avenue, Ardrossan, Ayrshire, KA22 7AS
Unit No: 10544632H, CHI No: 2406806421

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With kind regards.

Yours sincerely,

DR KEVIN J JENNINGS
Consultant in Restorative Dentistry

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Dictated: 20/05/2013
Typed: 21/05/2013

Mr B A Collins, BDS
Dental Surgeon
1 Eglinton Road
ARDROSSAN
Ayrshire
KA22 8LL

Dear Mr Collins

Nicole Black - 24/06/1980
25 McKellar Avenue, Ardrossan, Ayrshire, KA22 7AS
Unit No: 10544632H, CHI No: 2406806421

Thank you for referring the above named patient who was seen on my Consultant Clinic in the Unit of Fixed and Removable Prosthodontics on 16 May 2013.

I note that Nicole has a medical history complicated by a background of severe epilepsy and that following a fall linked to this she lost her central incisor teeth. Nicole informs me that on a recent medical assessment for severe epilepsy she was advised that wearing a partial denture in the upper jaw constituted an airway threat.

On examination standing teeth were charted as follows:

		6	E	4	3	2			2	3	4	E	6	7
7	6	E	4	3	2	1	1	2	3	4	E	6	7	

There is some ongoing periodontal disease related to plaque deposits and there are teeth requiring restoration. Whilst the use of a partial denture to replace the maxillary central incisor teeth is ruled out on medical grounds, there is insufficient space available in the maxillary central incisor site for any consideration of implant placement, and this shortage of space is complicated by the presence in the midline of the naso-palatine canal.

/...

X-rays were taken at the time of Nicole's visit and these show shortened roots associated with the lateral incisor teeth, an apical radiolucency associated with tooth 23 and the presence of a post crown on tooth 22 without evidence of endodontic treatment. It seems likely that the periapical radiolucency, and the shortening of the roots of the lateral incisor teeth will be related to the original trauma.

I would be grateful if, in the first instance, you would undertake treatment to complete root canal instrumentation and filling for tooth 23. I have written to my colleagues in the Oral Surgery Department for their views on possible implant treatment, following removal of the lateral incisor teeth which are mobile, as well as presenting restorative/radiographic problems.

We will keep you informed of any developments in due course.

With kind regards.

Yours sincerely,

DR KEVIN J JENNINGS
Consultant in Restorative Dentistry

Encl. **Copy radiographs**

Hospital Use Only	Clinic	Day Date	Time

12

10544632H
BLACK F
NICOLE 24/06/1980
25 MCKELLAR AVENUE
ARDROSSAN
AYRSHIRE KA22 7AS
CHI-2406806421

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital GLASGOW DENTAL Date 25/02/13 CHI No.

Please arrange for this patient to attend the CONSERVATION

Patient's Surname BLACK Maiden Surname

First Names NICOLE Single/Married/Widowed/Other

Address 25 MCKELLAR AVE Date of Birth 24/06/80

ARDROSSAN Patient's Occupation

Postal Code KA22 7ES Contact telephone number 01294 461979

Has the patient attended hospital before? YES / NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice YES / NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

MR. B. A. COLLINS, B.D.S.
1 Eglinton Road
Ardrossan, Ayrshire KA22 8LL
2579-7

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Nicole presented with 11 missing and a complicated medical history. She states her epilepsy can result in her losing consciousness up to "fifteen times a day" She does not feel she is able to tolerate a RV denture due to her medical condition. o/e 11 missing 2/2 prognosis poor and routine conservation/periodontal treatment is required. She is allergic to Penicillin. I would be grateful for your help with the management of her treatment in the hospital environment as I am concerned her medical condition contra-indicates treatment in the Dental Surgery Thankyou R C Collins

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P. 11/3/13 Routine FMX done

Relevant X-rays available from: No. (if known)

Signature

B61425 7/09 (25364)

355-2104

Box Number:

Lab Number:

NHS
Greater Glasgow and Clyde
Glasgow Dental Hospital

Case Note Label

10544632H
BLACK F
NICOLE 24/06/1980
25 MCKELLAR AVENUE
ARDROSSAN
AYRSHIRE KA22 7AS
CHI-2406806421

Restorative Dentistry

Consultant	Date of Examination
KSS	16/05/13.

Clinician Dr Stevenson Date 16/05/13.

UNIT:

ENDO		PERIO		FRP	✓

History; Ref by GDP – missing 1|1 RTA . 1995
– patient has worn Rpl – some
time, but on recent
medical assessm for severe epilepsy
it was advised that wearing Rpl
was an airway threat .

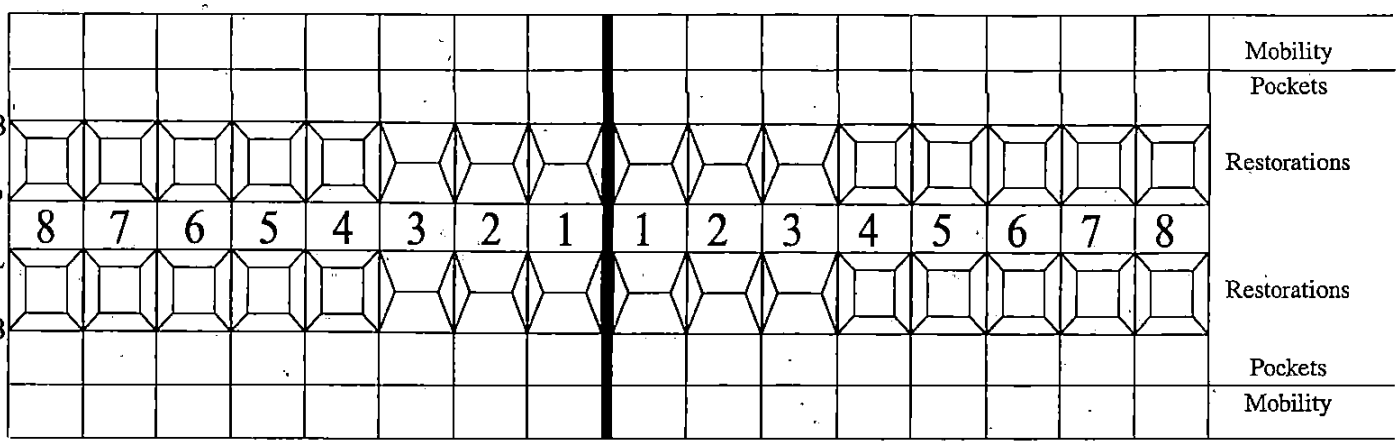
Dentition: 6E432 | 234E67
76E4321 | 1234E67

Some ongoing periodontal disease ;
teeth requiring restoration :
for replacement of 1|1 Rpl – ruled out on medical
ground ; + insufficient space
available for implant placement
due to space closure ; presence of
naso-palatine canal
→ suggest balanced service for restoration
of dental health + routine treatment +
x-rays ; consideration of bridgework 2'|2.
for GDP refer – re 32|23 status
+ other options .

Department of Restorative Dentistry

EXAMINATION

R **L**



BPE

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☑		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☑
WEST MARC	☐
LABS	☐

Clinical letter - Others:

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600
ORAL SURGERY
Reception/
Appointments: 01412119658

Mr B A Collins
Dental Surgeon
1 Eglinton Road
Ardrossan
Ayrshire
KA22 8LL

Main Switchboard:
Department:
Contact Tel:

Enquiries to:
Letter Date: 01/10/2014
Reference: SK/CMCB
Dictated Date: 12/09/2014
Transcribed Date: 24/09/2014

Dear Mr Collins,

NICOLE BLACK; D.O.B: 24/06/1980; CHI: 2406806421
25 MCKELLAR AVENUE, Ardrossan, Ayrshire, KA22 7AS

Further to previous correspondence we reviewed Nicole on her implant assessment on 12 September 2014.
Unfortunately since her last visit she has not attended yourself for any treatment and on examination she still continues to have poor oral hygiene with significant plaque deposits and gingivitis in all four quadrants. Her upper canines now have grade II mobility as do her upper first premolars. There is also grade I and II mobility of her lower anterior teeth.
I have advised the patient in view of her ongoing periodontal disease, poor oral hygiene and poor prognosis for the upper canine and first premolars that she is not suitable for implant treatment. We feel that her best option is a full assessment with yourself for periodontal treatment and decision with regards to the long term prognosis of the upper canines and first premols. We have advised the patient in view of her medical history an application for prior approval for construction of a cobalt chrome partial upper denture would probably be granted and that this is the most appropriate treatment for her.
She has now been discharged back to your care.
Kind regards.

Yours sincerely,

SIOBHAN KYLE

Associate Specialist in Oral Surgery

Electronically Signed: Dentist Siobhan Kyle, Dentist

cc. Dr Christine Goodall
Senior Lecturer (Honorary Consultant)
(Academic Oral Surgery)
Glasgow Dental Hospital & School

378 Sauchiehall Street
GLASGOW G2 3JZ

Clinical letter - Others:

NHS
Greater Glasgow and Clyde

Mr B A Collins BDS
Dental Surgeon
1 Eglinton Road
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378 Sauchiehall Street
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Main Switchboard: 0114 211 9600

Department: Oral Surgery
Tel: Reception 0141 211 9658
Enquiries to: Secretary 0141 211 9654

Letter Date: 10/04/2014
Reference: VG/PS
Dictated Date: 04/04/2014
Transcribed Date: 07/04/2014

Dear Mr Collins,

Name:	**BLACK NICOLE**
CHI:	**2406806421**
DOB:	**24/06/1980**
Address:	**25 MCKELLAR AVENUE**
	Ardrossan
	Ayrshire
	KA22 7AS

The above patient was referred by our restorative colleague, Dr Kevin Jennings, Consultant in Restorative Dentistry, for an opinion with regard to the possibility of extraction of teeth 12 and 22 followed by implant placement given Nicole's medical history including epilepsy whereby wearing a denture has been deemed an airway risk. Nicole was seen on Dr Goodall's implant assessment clinic on the 28th of March 2014.

Today, Nicole complained that she is missing teeth 11 and 21 and that she is aware that teeth 12 and 22 need extraction. She is not wearing a partial denture at all given the risk to her airway during grand mal seizures. Nicole today stated that she is aware she needs root canal treatment undertaken in tooth 23.

Her medical history includes epilepsy and she suffers from 3 to 4 grand mal seizures daily. Medication includes Lamotrigine, Citalopram, Loratadine, Salbutamol and steroid inhalers daily and she is allergic to Penicillin.

Clinical examination revealed nothing of note extraorally and I note that she has a class III skeletal base. Intraorally teeth 11 and 21 are missing, tooth 22 previously had a post crown in situ and now a retained carious root. Tooth 12 is present and is grade 1 mobile. I note that teeth 13 and 23 are also grade 1 mobile. There is heavy plaque and calculus deposits throughout the mouth and evidence of caries in several teeth as well as active periodontal disease.

Today I had a discussion with Nicole that unfortunately the general condition of her mouth needs to improve significantly before we can investigate implant treatment further. I would be most grateful if you could arrange to see Nicole at your earliest convenience to provide her with a full assessment with regard her periodontal condition and caries. Please find enclosed with this letter radiographs of her maxillary 3 to 3 to help in treatment planning for Nicole.

Today Nicole expressed concerns that her medical history may pose a barrier to recieving treatment in general practice. I discussed with Nicole that this is unlikely to be the case but should there be any concerns with regard to providing treatment in a general practice environment, referral to the local community dental service as an urgent matter could be considered given she has an extensive list of treatment required and she is currently unable to wear a prosthesis to replace teeth 11 and 21 which has a significant impact on her self confidence.

I have arranged a review for Nicole on 12 September 2014 within our Department to review her progress with regard her mouth and to discuss whether implant treatment is a possibility.

Kind regards

Yours sincerely

Vicki Greig

Specialist Registrar

Department of Oral Surgery

Enc copy of x-ray

Electronically Signed: ,

cc. Dr Kevin Jennings
Consultant in Restorative Dentistry
Glasgow Dental Hospital and School

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

Department of Restorative Dentistry
Direct Dial Secretary: 0141-211-9796
Direct Dial Reception: 0141-211-9787

Our Ref: KJJ/CMcB

Dictated: 20/05/2013
Typed: 21/05/2013

Dr Christine Goodall
Senior Lecturer (Honorary Consultant)
(Academic Oral Surgery)
Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ

c.c. Mr B A Collins, BDS
Dental Surgeon
1 Eglinton Road
ARDROSSAN
Ayrshire
KA22 8LL

Dear Dr Goodall

Nicole Black - 24/06/1980
25 McKellar Avenue, Ardrossan, Ayrshire, KA22 7AS
Unit No: 10544632H, CHI No: 2406806421

I would be grateful for your assessment of the above named patient. Nicole suffers severe epilepsy and lost her maxillary central incisor teeth due to a fall some time ago. She has worn a partial denture in the past, but has been advised, on medical grounds, to dispense with this because of threat of airway obstruction. The prognosis for the lateral incisor teeth is poor and I believe that extraction of teeth 12 22 with implants in these sites and construction of four units of bridgework would be a good way forward. There is a need for endodontic treatment of tooth 23 and I have instructed the patient's general dental practitioner about this.

I would be grateful if you could assess the situation from a surgical point of view and, if appropriate, take things forward with regard to an implant surgical phase planning and treatment. I will, of course, be happy to see Nicole in due course for restorative treatment.

With kind regards.

Yours sincerely,

DR KEVIN J JENNINGS
Consultant in Restorative Dentistry

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
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Our Ref: KJJ/CMcB

Dictated: 20/05/2013
Typed: 21/05/2013

Mr B A Collins, BDS
Dental Surgeon
1 Eglinton Road
ARDROSSAN
Ayrshire
KA22 8LL

Dear Mr Collins

Nicole Black - 24/06/1980
25 McKellar Avenue, Ardrossan, Ayrshire, KA22 7AS
Unit No: 10544632H, CHI No: 2406806421

Thank you for referring the above named patient who was seen on my Consultant Clinic in the Unit of Fixed and Removable Prosthodontics on 16 May 2013.

I note that Nicole has a medical history complicated by a background of severe epilepsy and that following a fall linked to this she lost her central incisor teeth. Nicole informs me that on a recent medical assessment for severe epilepsy she was advised that wearing a partial denture in the upper jaw constituted an airway threat.

On examination standing teeth were charted as follows:

		6	E	4	3	2			2	3	4	E	6	7
7	6	E	4	3	2	1	1	2	3	4	E	6	7	

There is some ongoing periodontal disease related to plaque deposits and there are teeth requiring restoration. Whilst the use of a partial denture to replace the maxillary central incisor teeth is ruled out on medical grounds, there is insufficient space available in the maxillary central incisor site for any consideration of implant placement, and this shortage of space is complicated by the presence in the midline of the naso-palatine canal.

/...

X-rays were taken at the time of Nicole's visit and these show shortened roots associated with the lateral incisor teeth, an apical radiolucency associated with tooth 23 and the presence of a post crown on tooth 22 without evidence of endodontic treatment. It seems likely that the periapical radiolucency, and the shortening of the roots of the lateral incisor teeth will be related to the original trauma.

I would be grateful if, in the first instance, you would undertake treatment to complete root canal instrumentation and filling for tooth 23. I have written to my colleagues in the Oral Surgery Department for their views on possible implant treatment, following removal of the lateral incisor teeth which are mobile, as well as presenting restorative/radiographic problems.

We will keep you informed of any developments in due course.

With kind regards.

Yours sincerely,

DR KEVIN J JENNINGS
Consultant in Restorative Dentistry

Encl: **Copy radiographs**

XR Dental periapical 5

Performed	16-May-2013 11:06	Received	16-May-2013 11:38
Reported	16-May-2013 11:38	Order Number	G106H27964028
Status	Final	Source System	MiSys

XR Dental periapical 5 Final
Nicole Black
Dental Images taken. A radiological report will not be issued for this examination. The referrer will interpret and evaluate the outcome of this examination and document this outcome in the patient's clinical record within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting