

Save & Close
 Abandon
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 Save

Contact
 Patient
 Charting
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 Visual Notes
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 Referrals
 Education

Online Dental Referrals

| URN | Date | Status | Urgent |
|------------|------------|-------------------------|-------------------------------------|
| TST0000319 | 05/04/2018 | With Triage: DPH TRIAGE | <input checked="" type="checkbox"/> |
| TST0000312 | 30/03/2018 | Submitted | <input type="checkbox"/> |
| TST0000317 | 30/03/2018 | Submitted | <input type="checkbox"/> |
| TST0000318 | 30/03/2018 | With Triage: DPH TRIAGE | <input checked="" type="checkbox"/> |
| TST0000305 | 16/03/2018 | With Triage: DPH TRIAGE | <input type="checkbox"/> |

Referrals Forms List ✕

A list of referral forms available to your clinic is listed below. Please select the referral form you wish to complete.

- AdultRestorativeForm
- CentralMidsNorthOralSurgeryForm
- CheshireMerseyOrthoForm
- ChildConcernNotificationForm
- ChildOralCareForm
- CmsRestorativeForm
- CommunityDentalServicesForm**
- CwwMaxillofacialSurgeryForm
- CwwMinorOralSurgeryForm
- CwwOralMedicineForm
- EssexOralSurgeryForm
- EssexOralSurgeryTestForm
- InteractiveOrthoDebugForm
- InteractiveOrthoForm
- LancsReferralForm
- LancsReferralTestForm
- LanMaxillofacialSurgeryForm

Patient Details

Patient Photograph



Add Photograph | Delete Photograph

Quick Add Family Member

Define All Family Relationships for Patient

Patient Account Status

Actual Account Balance **-£155.90**

Estimated Amount Owed **-£531.40**

Family Member Quick Links

[00013 - Mrs Claire Aldershot - Mother](#)

[00020 - Mr Banjo Wainwright - Father](#)

Patient Related Tasks

Task Filter ▾

| From | Assigned To | Date |
|------|-------------|------|
|------|-------------|------|

Add Referral | Edit Referral | Check Referral Status

Common Tasks for this Patient

Create Estimate
 Create Plan
 Charge Patient
 Make a Payment
 Raise Invoice

Track Treatments
 Create Quick Document
 Add PopUp Note
 Make an Appointment
 Link to Radiography

Online Dental Referrals

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Online Dental Referral ✕

Dental Referral Editor ★

Mark Referral As Urgent

URN Status

Attached Image Files (tick images that are radiographs)

| | |
|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | C:\Temp\Image Files\XRy01.jpg |
| <input checked="" type="checkbox"/> | C:\Temp\Image Files\XRy02.jpg |
| <input checked="" type="checkbox"/> | C:\Temp\Image Files\XRy03.jpg |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Patient Details



Patient Account Status

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Patient Related Tasks

Task Filter

| From | Assigned To | Date |
|------|-------------|------|
|------|-------------|------|

[Add Referral](#) | [Edit Referral](#) | [Check Referral Status](#)

Common Tasks for this Patient

Browser



Print



Zoom In



Zoom Out

Zoom



Exit

DentalReferrals

Referral TST0000323

STEP 1: COMMUNITY DENTAL SERVICES REFERRAL FORM

| | | | | | |
|---|--|----------------------------------|------------------------------------|---|--|
| NHS Number if known: | Sex: * | Title: * | Patient's First Name: * | Patient's Last Name: * | Date of Birth: * |
| <input type="text" value="123456799"/> | <input checked="" type="radio"/> M <input type="radio"/> F | Mr <input type="text" value=""/> | <input type="text" value="Mark"/> | <input type="text" value="Cross"/> | <input type="text" value="201/01/1951"/> |
| Patient's Postcode: * | Patient's Address: * | | Patient's Town or City: * | Best Contact Number: * | |
| <input type="text" value="NN12 6HN"/> <input type="button" value="Q"/> | <input type="text" value="69 Lampert Lane, Loughton"/> | | <input type="text" value="Essex"/> | <input type="text" value="07961 800000"/> | |
| Do we have the mobile user's permission to keep them updated using SMS Text Messages? <input type="radio"/> no <input checked="" type="radio"/> yes | | | | | |

| | | | |
|---|---|---------------------------------------|---|
| Referrer's Name: * | Practice Name: | Date of Decision to refer: | <input type="checkbox"/> Interpreter required |
| <input type="text" value="Dr Michael Smith"/> | <input type="text" value="RED ROSE DENTAL GROUP"/> <input type="button" value="x"/> | <input type="text" value="05/04/18"/> | <input type="text" value="Language"/> |
| Practice Postcode: | Practice Address: | Practice Town or City: | Practice Phone Number: |
| <input type="text" value="WN1 1SJ"/> | <input type="text" value="50 NEW MARKET STREET"/> | <input type="text" value="WIGAN"/> | <input type="text" value="01942 242 632"/> |
| GDC Number: * | Care Type: | | |
| <input type="text" value="1727375"/> | <input type="text" value="Routine"/> <input type="button" value="v"/> | | |

| | | | |
|--|--|---|---------------------------------------|
| GMP's Name: | GMP's Postcode: | GMP's Address: | GMP's City or Town: |
| <input type="text" value="Dr Stan Gilbert"/> | <input type="text" value="NN12 6HN"/> <input type="button" value="Q"/> | <input type="text" value="18 Coleridge Place"/> | <input type="text" value="Daventry"/> |
| <input type="checkbox"/> Patient is not registered with a doctor | | | |

PLEASE INDICATE ADDITIONAL NEEDS:

- | | |
|---|---|
| <input type="checkbox"/> Adult or child with moderate / severe learning disabilities. | <input type="checkbox"/> Adult or child with physical or sensory difficulties. |
| <input type="checkbox"/> Adult or child with complex medical history. | <input type="checkbox"/> Child with behavioural problems, relating to dental care, which may result in the child requiring general anaesthesia. |
| <input type="checkbox"/> Adult or Child with significant mental health problems. | <input type="checkbox"/> Child involved with Children's Services e.g. looked after children |
| Diagnosis: <input type="text" value=""/> | <input type="checkbox"/> Adult or child currently involved with drug advisory services. |
| <input type="checkbox"/> Adult with significant dental phobia, with an associated additional need | <input type="checkbox"/> Adult or child with history of significant challenging behaviour ? (Not a referral criteria for Hertfordshire CDS) |
| <input type="checkbox"/> Adult with significant dental phobia (Lincolnshire and Leicestershire only) | <input type="checkbox"/> Complex social problems e.g. homeless, safeguarding issues. |
| <input type="checkbox"/> Child with significant behavioural problems likely to require a General Anaesthetic (Suitable for Hertfordshire) | Please give details: <input type="text" value=""/> |