
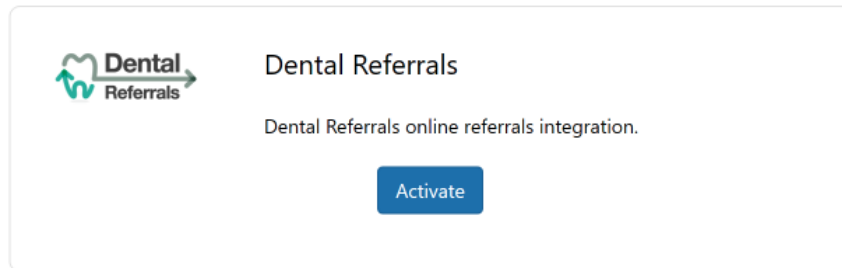
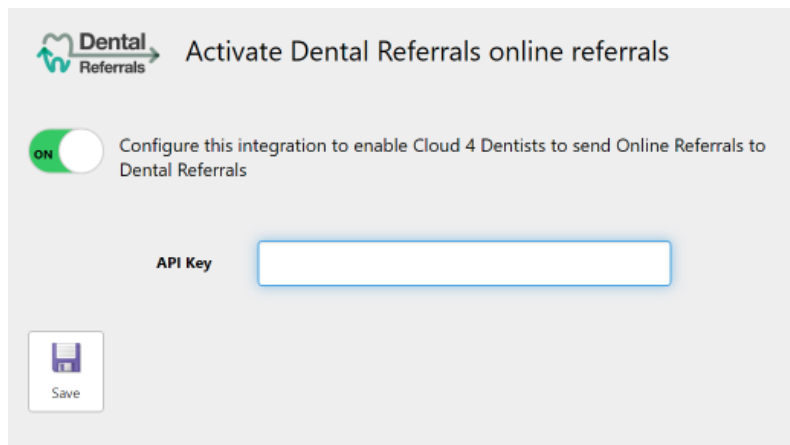




Cloud 4 Dentists integrates with Dental Referrals. To enable the integration please go to the App Store by clicking the shopping cart icon on top right corner  and select Referrals.



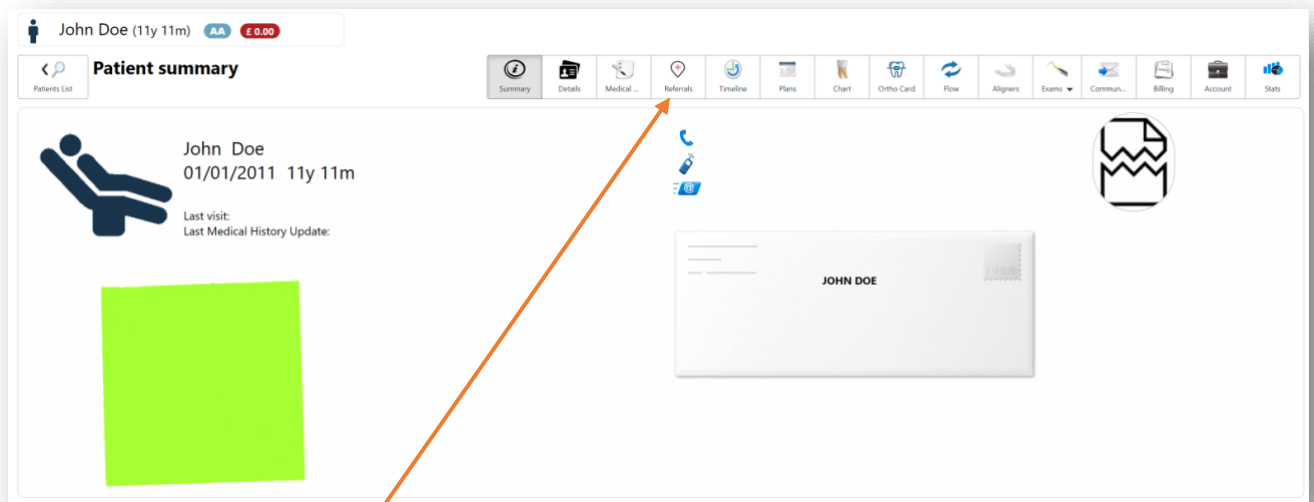
Press the Activate button



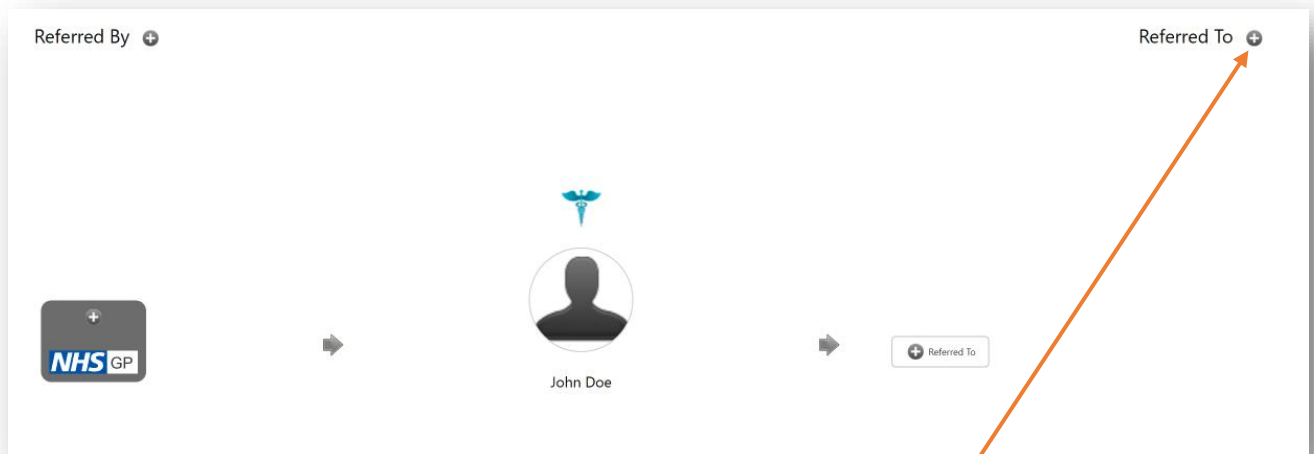
Click the green button to activate the integration and then enter the API Key provided by Dental Referrals support.

Press the Save button and the integration is available.

To create a referral: Open the patient to be referred:



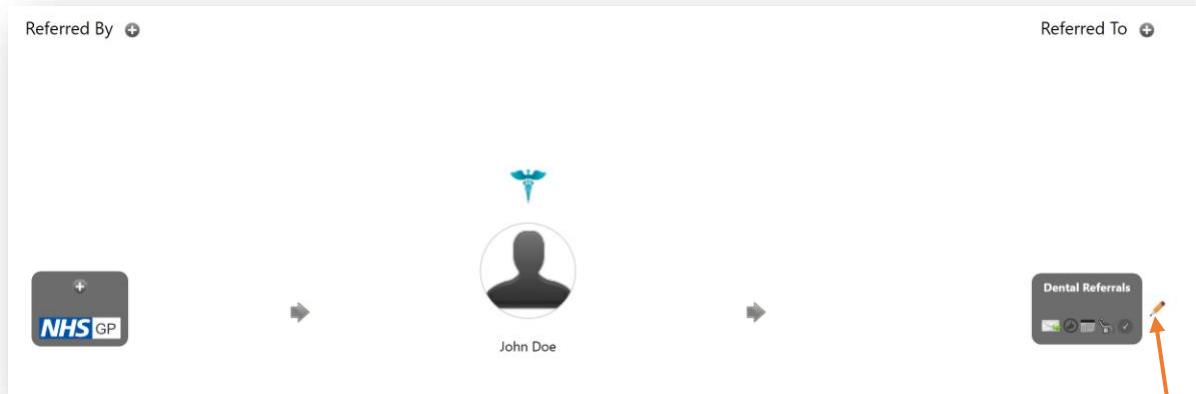
Click the Referrals button



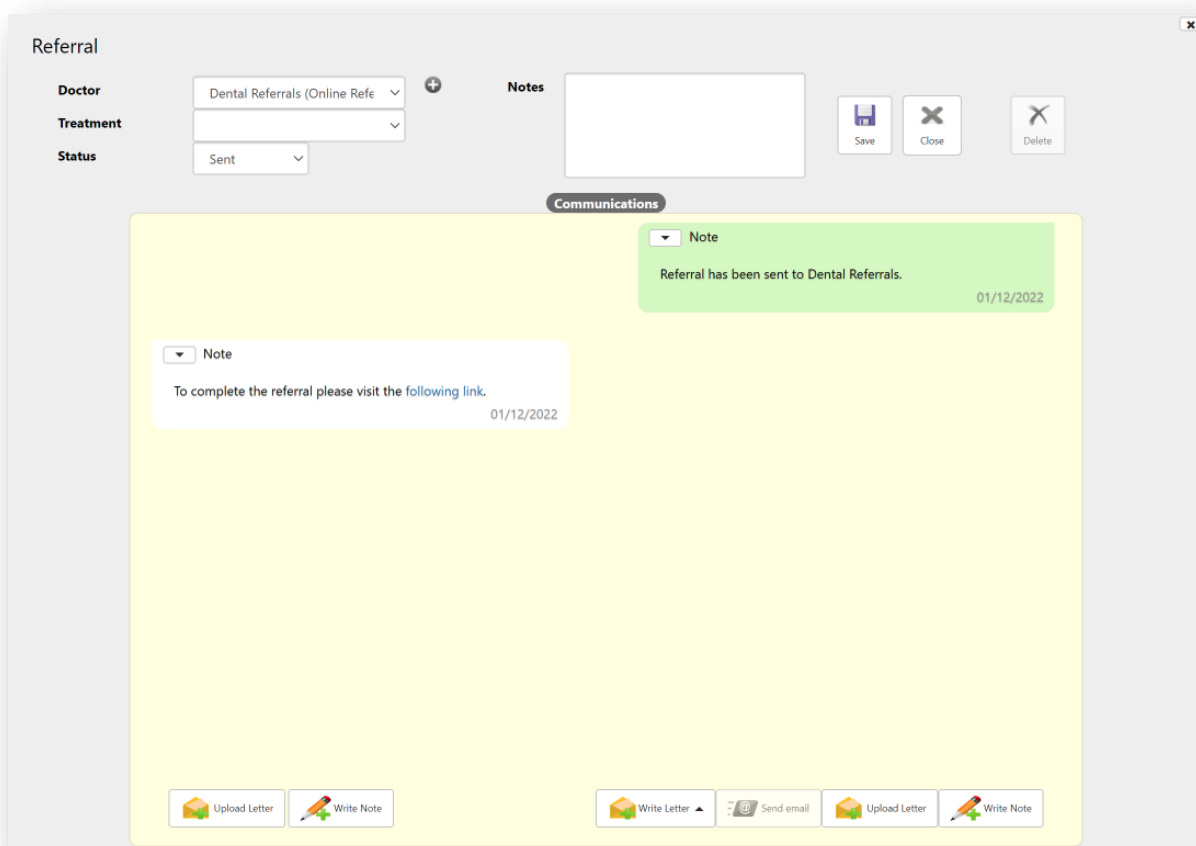
On the right part (Referred To) press the plus button to add a new referral:



The doctor drop down now contains Dental Referrals (Online Referral), select this and press the Save Button (you can enter some more details such as the notes or the treatment that the patient has been referred for).

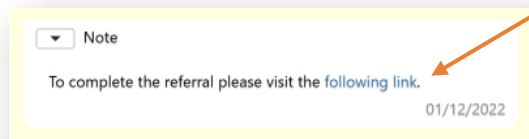


Now the patient has the start of a referral. Press the edit button (the pencil next to the referral); now you can fill-in and send the referral:

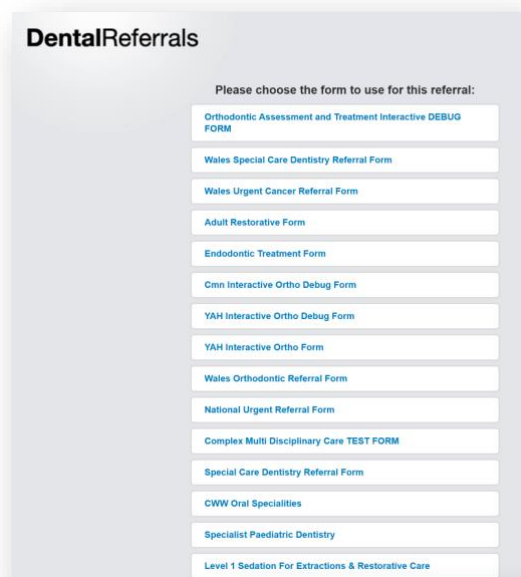


On the right (in green) there are the messages/letters/notes that the practice sent; on the left (in white) the message/documents that the practice received.

To complete the referral please click the link in the white message on the left:



You will be redirected to Dental Referrals. On the Dental Referrals system, select the form you require by clicking the name of the form:



Fill in all the details on the form:

A screenshot of the 'DentalReferrals' system showing a specific referral form titled 'Referral TST0000590'. A yellow banner at the top states: 'An asterisk (*) indicates that a field is mandatory and a referral cannot be submitted without completing.' The form is divided into three main sections: 'STEP 1: SPECIALIST PAEDIATRIC DENTISTRY', 'STEP 2: MEDICAL HISTORY FORM', and 'STEP 3: UPLOAD FILES'. Under 'STEP 1', there are three sub-sections: '1. PATIENT DETAILS' with fields for NHS Number, Sex, Title, Patient's First Name (John), Patient's Last Name (Doe), Date of Birth (01/01/2011), Patient's Postcode, Patient's Address, Patient's Town or City, Preferred Contact, Best Contact Number, Child Lives With, and Is this a looked after child?; '2. PATIENT'S GENERAL MEDICAL PRACTITIONER (GMP) DETAILS' with fields for GMP's Name, GMP's Postcode, GMP's Address, and GMP's City or Town; and '3. REFERRER DETAILS (This form must be completed by the named referrer)' with fields for Referrer's Name (Studio Dent), Job title and relationship to patient, and Email address. At the bottom of the form, there are buttons for 'Next step', 'Save Draft', and 'Submit Referral'.

And submit it. The Referral will now send to Dental Referrals, and you can keep track from their website and your online login.