Electronic Referral Process

The referring clinician should complete the relevant dental referral form. All sections of the forms must be completed; failure to complete all sections will result in the return of the referral and subsequent delay in patient care. Please complete all patient details including NHS number (if held). The file should then be saved using the following naming convention; forename, surname, DOB, date of referral and attached to an e-mail sent from an nhs.net e-mail address to the following e-mail address:

sht-tr.ccdhreferrals@nhs.net

The information on the forms should encapsulate the results of a referring practitioner’s examination and diagnosis.

To minimise additional invasive procedures, any relevant test results, diagnostics and radiographs should be included with the referral. Please ensure that radiographs are recent, relevant and of good quality and are marked appropriately, which **must include the date the image was taken**. Providing quality information will ensure that an accurate picture is obtained of the nature of the referral so preventing any unnecessary delays. Study models to support the referral should be referenced within the referral, packed securely and posted to the Charles Clifford Dental Hospital, Wellesley Road, Sheffield S10 2SZ.