# Protocol for Urgent Referrals

Aim: to allow urgent referrals to be made to the appropriate person swiftly and accurately.

All referrals should be made on practice headed paper and include the name, qualifications, address, email address and telephone numbers of the referring dentist.

It is essential that all urgent referrals are followed up to ensure the patient is seen and the outcome noted.

**Person responsible for follow up of urgent referrals:**

|  |  |
| --- | --- |
| **Traumatic Injuries** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/dept] |
| Quickest method of contact: |  |

|  |  |
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| **Severe Infection** (e.g. compromised airway, pyrexia, cellulitis) | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/dept] |
| Quickest method of contact: |  |

|  |  |
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| **Oral Medicine** (e.g. suspicious lesions) | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/dept] |
| Quickest method of contact: |  |

**Named person responsible for keeping this information up to date:**

**Date Updated:**

**Date for next update:**