# Protocol for Routine Referrals with Waiting Times

Aim: to allow routine referrals to be made to the appropriate person efficiently and accurately. To allow you to keep your patient’s informed of who they will see and when they are likely to be seen.

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

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| **Dento-Alveolar Surgery** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

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| **Implant Treatment** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

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| **Advanced Restorative Dentistry** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

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| **Periodontology** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

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| **Endodontics** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

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| **Orthodontics** | |
| Referral to: | [Insert Name, title, address, telephone number of your local hospital/referral practitioner] |
| Quickest method of contact: |  |
| Waiting time: |  |

Named person responsible for keeping this information up to date:

Date updated:

Date for next update: