



Referral for Urgent Dental Care

This form must be completed and sent only from an NHS.net email address. Please send all referrals by email to: gwh.dentalhubreferrals@nhs.net .

If you do not have an NHS.net email account please [click here](#). NHS mail is available to private and NHS dentists.

Please note: To enable prompt assessment of the patient you should include triage assessment form and radiographs where appropriate.

*=Required

1. What is the name of your practice? *

2. What is your GDC number? *

3. What is your email address? *

4. What is the best contact number for you? *

5. Patient's name*

6. Patient's address*

7. Patient's date of birth*

8. Patient's telephone number*

9. Patient's email address*

10. Following triage, identify patient group*

- Possible or confirmed COVID19
- Shielded
- Vulnerable
- Other (Under 70, no underlying health conditions, no symptoms, not isolating due to household contact)

11. Has the patient had a face-to-face appointment/assessment?*

- Yes
- No

12. Has an NHS charge been levied?*

- Yes
- No

13. Type of urgent referral* Please see this link for guidance

- P1
- P2

14. What is your clinical diagnosis? *

15. What advice/analgesics/antimicrobials have you given to the patient? *

16. Any other information that is relevant please provide?

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