



Referral for Urgent Dental Care

This form must be completed and sent **only** from an NHS.net email address. Please [click here](#) to find the email addresses for referrals.

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

* Required

1. What is your name? *

2. Name and address of your GDP Practice*

3. What is your GDC number? *

4. What is your email address? *

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

6. Patient name*

7. Patient Address*

8. Patient Date of Birth*

9. Patient telephone number and email address*

10. Patient Ethnicity*

11. Patient GP name and practice address*

12. 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)

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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