TES THE DENTAL SPECIALISTS

Referring a Patient - eReferral Portal

Although you or your practice may have submitted a referral previously to The Dental Specialists, a one-time Sign-Up is now required for our updated eReferral Portal for all referrals after **February 12, 2024.** Sign-up for the eReferral Portal will provide the most efficient referral submissions and real-time access to your patients' treatment status in our practice.

• Once in the patient referral screen enter the registered email address and eReferral ID.

Email Address*	
eReferral ID*	#
	Don't have any eReferral ID? Sign Up
Specialty*	Endodontics -
Office*	Mill District Specialty (101) -
Specialist Name*	Bekind, Rick *
Referral Reason*	Consultation *
Tooth Number/Area	Tooth #s: 13, 14
	Allowed 1000 Characters
Referral Note	Enter any additional information about the referral in this area.
	Remaining 935 Characters
Attachment	CHOOSE FILE pat_xray_ljpeg DCLEAR
Attachment	(Max File Size: 10 MB. Allowed File Extensions: .Gif, Jpg. Jpeg, .Png & .Pdf)
	CONTINUE

1. Enter the patient's personal information.

Helpful Tips:

- Although the calendar is available, it works best just manually entering MM/DD/YYYY
- Entering the patient's zip before their city, lists all cities associated with that zip code. This populates by double-clicking on the city. Click out of the city listing to proceed.
- 2. Select Continue.
- 3. <u>The Medical Alerts page is not required so this</u> <u>may be skipped.</u>

- 1. Enter the Specialty, office location, Specialist's name referring to and the referral reason.
- 2. Assign the tooth numbers or area from the blue icon.
- 3. Select the appropriate teeth/area then Add.
- Enter information in the referral notes section (1000-character limit)
- 5. Attach any images or documents.
- 6. Select **Continue** to bring up the patient referral information.

Birth Date (mm/dd/yyyy) *	01/01/1965	<u> </u>
First Name *	Robert	
Last Name *	Patient	
Address *	12345 North Main Street	
City State Zip *	Saint Paul MN 🗸 55115	
Email	robertpatient@email.com	
Phone *	612-555-1212	
	Cell O Home O Work	

Allergic To	□ Y □ N Cancer/tumor or Growth	□ Y □ N Kidney/Bladder trouble
Y N Latex Rubber allergy	V N Cardiac Pacemaker	□Y □N Kidney Dialysis
Y 💷 N Aspirin/Aspirina	Y IN Contact Lenses	UY IN Liver Disease
Y IN Barbiturates/Sleeping Pills	V N Local Anesthetics	Y N Low Blood Pressure
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4. Click Save

Once the referral has been sent, team members at The Dental Specialists will contact the patient and begin updating the referral status.