

Affiliated with THE DENTAL SPECIALISTS

## **Referring a Patient - eReferral Portal**

Although you or your practice may have submitted a referral previously to Central Minnesota Endodontics, 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		
	Allow	ed 1000 Character	
Referral Note	Enter any additional information about the referral in this area.		
	Remain	ning 935 Character	
Attachment	CHOOSE FILE pat_xray_ljpeg OCLEAR		

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			Ê	
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				

Medical Alerts No To All Med Alerts			
Allergic To	V N Cancer/tumor or Growth	□Y □N Kidney/Bladder trouble	
□ Y □ N Latex Rubber allergy	□Y □N Cardiac Pacemaker	V N Kidney Dialysis	
UY UN Aspirin/Aspirina	UY IN Contact Lenses	V N Liver Disease	
□ Y □ N Barbiturates/Sleeping Pilis	V IN Local Anesthetics	CY ON Low Blood Pressure	
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	Additional Comments	(madmum 100 characters)	

## 4. Click Save

Once the referral has been sent, team members at Central Minnesota Endodontics will contact the patient and begin updating the referral status.