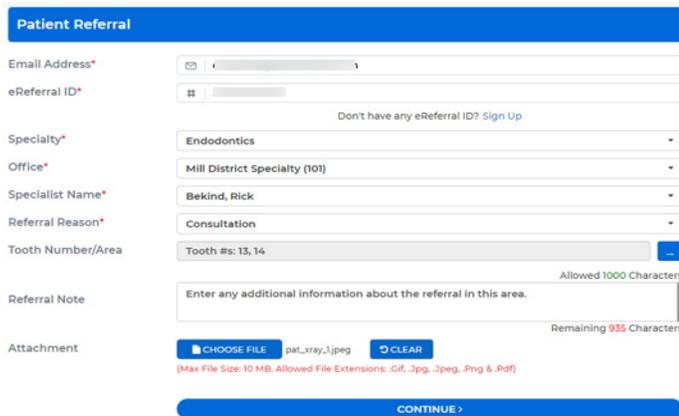


Referring a Patient - eReferral Portal

Although you or your practice may have submitted a referral previously to The Facial Pain Center, 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.



Patient Referral

Email Address*

eReferral ID* Don't have any eReferral ID? Sign Up

Specialty*

Office*

Specialist Name*

Referral Reason*

Tooth Number/Area

Referral Note Allowed 1000 Characters
Remaining 935 Characters

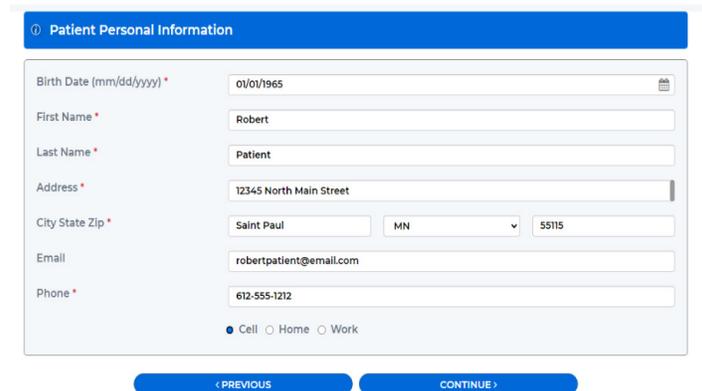
Attachment pat_xray_1.jpeg
(Max File Size: 10 MB. Allowed File Extensions: .Gif, .Jpg, .Jpeg, .Png & .Pdf)

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.
4. 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.

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. *The Medical Alerts page is not required so this may be skipped.*



① Patient Personal Information

Birth Date (mm/dd/yyyy) *

First Name *

Last Name *

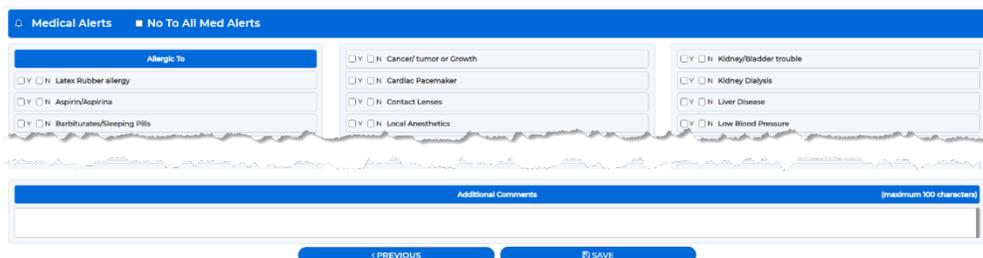
Address *

City State Zip *

Email

Phone *

Cell Home Work



Medical Alerts No To All Med Alerts

Allergic To

Y N Latex Rubber allergy

Y N Aspirin/Aspirina

Y N Barbiturates/Sleeping Pills

Y N Cancer/Tumor or Growth

Y N Cardiac Pacemaker

Y N Contact Lenses

Y N Local Anesthetics

Y N Kidney/Bladder trouble

Y N Kidney Dialysis

Y N Liver Disease

Y N Low Blood Pressure

Additional Comments (maximum 100 characters)

4. Click **Save**

Once the referral has been sent, team members at The Facial Pain Center will contact the patient and begin updating the referral status.