

Oral Surgery Electronic Referral Portal User Guide

Applications & Clinical Systems

Gloucestershire Hospitals NHS Foundation Trust Gloucester GL1 3NN

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Introduction

The Oral Surgery Electronic Referral Portal are a series of web forms available to external dental surgeries. When referring a patient for any surgery, the dentist will complete the appropriate webform, attaching any Xray documents as required. This data will be saved as a PDF document and sent via email to an email account managed by the Central Booking Office (CBO).

CBO will continue their current process by adding the referral to TrakCare and attaching the documents received on the referral email. This web tool is currently live at <https://web.glos.nhs.uk/oralsurgeryreferral>.

Landing Page

The screenshot below is the landing page of the referral portal. It contains buttons to start the referral types allowed by the department. All of the referrals are electronic and are completed on the platform except the **2WW Suspected Head and Neck Cancer Referral Form** which is expected to be downloaded (as a Microsoft doc), filled and sent back as a doc document or scanned document to a special inbox exclusive for this type of referral ghn-tr.twoweekwaits@nhs.net

The screenshot shows the landing page of the Oral & Maxillofacial Referral Forms portal. The page has a blue header with the NHS Gloucestershire Hospitals NHS Foundation Trust logo on the left and 'Oral Surgery Referral' on the right. The main heading is 'Oral & Maxillofacial Referral Forms'. Below this, it says 'Please select the most appropriate form to refer patients to Gloucestershire Hospitals NHS Foundation Trust'. A link for 'Information for referring practitioners (glos.hospitals.nhs.uk)' is provided. The page features seven buttons for different referral forms: '2WW Suspected Head and Neck Cancer Referral Form' (with an email address for return referrals), 'Dento-alveolar Referral Form', 'Third Molar Referral Form', 'Intra Oral Soft-Tissue Referral Form', 'Temporo-Mandibular Joint Referral Form', 'Apical Surgery Referral Form', and 'Oral and Maxillo-facial Surgery Other Referral Form'. At the bottom, there is a note about finding details of Oral Surgery Providers for the Southwest Region on the Oral Surgery Referral Guidance Document 2022 Appendix 4 page 21, with a link to the relevant NHS website.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Oral Surgery Referral

Oral & Maxillofacial Referral Forms

Please select the most appropriate form to refer patients to Gloucestershire Hospitals NHS Foundation Trust

Visit our departmental website for the latest / further information – [Information for referring practitioners \(glos.hospitals.nhs.uk\)](https://glos.hospitals.nhs.uk)

[2WW Suspected Head and Neck Cancer Referral Form](#)

Email to return referrals to is: ghn-tr.twoweekwaits@nhs.net

[Dento-alveolar Referral Form](#)

[Third Molar Referral Form](#)

[Intra Oral Soft-Tissue Referral Form](#)

[Temporo-Mandibular Joint Referral Form](#)

[Apical Surgery Referral Form](#)

[Oral and Maxillo-facial Surgery Other Referral Form](#)

Relevant information for Details of Oral Surgery Providers for the Southwest Region can be found on the Oral Surgery Referral Guidance Document 2022 Appendix 4 page 21
<https://www.england.nhs.uk/south/info-professional/dental/dcis/south-west-ldn/>

2WW Suspected Head and Neck Cancer Referral Form

[2WW Suspected Head and Neck Cancer Referral Form](#)

Email to return referrals to is: ghn-tr.twoweekwaits@nhs.net

The **2WW Suspected Head and Neck Cancer Referral Form** links to a document that is expected to be downloaded (as a Microsoft doc), filled and sent back as a doc document or scanned document to a special inbox exclusive for this type of referral ghn-tr.twoweekwaits@nhs.net

Third Molar Referral Form

The third molar referral has the following pages.

1. Intermediate Minor Oral Surgery prompt/criteria
2. Consent
3. Best interests' details (optional)
4. Patient details
5. Referrer details
6. Reason for referral
7. Treatment (**Wisdom tooth to be removed**)
8. Radiograph
9. Medical history
10. Patient's GP Details
11. Communication
12. Guideline confirmation

Wisdom tooth to be removed page

This is a page **only on the third molar referral** form for the removal of a wisdom tooth. The page allows the referrer to select what teeth need to be removed, the type of pathology involved, and whether the patient is suitable for treatment under local anaesthetic.

The options for the type of pathology involved are presented in a checkbox format and **at least one of the options** is required to be checked as part of the overall referral process.

The screenshot shows the 'Wisdom tooth to be removed' page of the 'Routine Third Molar Referral Form'. The page is divided into two columns of checkboxes for selecting teeth (URB, ULB, LRB, LLB) and a section for 'Other details'. The 'Abscess' checkbox is checked. At the bottom, there is a section for 'Is this patient suitable to accept treatment under local anaesthetic?' with 'Yes' selected. Navigation links for 'Previous' and 'Next' are at the bottom.

Wisdom tooth to be removed
You must either choose one of the options or other details

Second or subsequent episodes of Pericoronitis
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Unrestorable caries in tooth/ adjacent teeth
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Untreatable pulpal or periapical pathology
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Abscess
Please select all applicable

☒ URB
☐ ULB
☐ LRB
☐ LLB

Root resorption in tooth/ adjacent teeth
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Fracture of tooth
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Cyst
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

A periodontal disease affecting tooth/ adjacent teeth
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Tooth causing traumatic occlusion
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Previously attempted extraction
Please select all applicable

☐ URB
☐ ULB
☐ LRB
☐ LLB

Other details
☐ Other

Is this patient suitable to accept treatment under local anaesthetic?
If so, this may help to expedite the waiting time for treatment for your patient

☒ Yes ☐ No

[← Previous](#)
Reason for referral

[Next →](#)
Radiographs

Dento-Alveolar Referral Form

The Dento-Alveolar referral has the following pages.

1. Intermediate Minor Oral Surgery prompt/criteria
2. Consent
3. Best interests' details (optional)
4. Patient details
5. Referrer details
6. Reason for referral
7. Type of Treatment
8. Radiograph

9. Medical history
10. Patient's GP Details
11. Communication
12. Guideline confirmation

Intra Oral Soft-Tissue Referral Form

The Intra Oral Soft-Tissue referral has the following pages:

1. Consent
2. Best interests' details (optional)
3. Patient details
4. Referrer details
5. Reason for referral (**Mouth Map page**)
6. Medical history
7. Patient's GP Details
8. Communication
9. Guideline confirmation

Mouth Map page

This page is only present on the **Intra Oral Soft-Tissue Referral Form** and focuses on identifying the **clinical area of concern**. It allows the referrer to:

1. Use an **interactive mouth map** to highlight the **site of interest**.
2. Provide further details about the area.

The page ensures accurate documentation of the problem area (highlighted image included in the referral sent to the CBO), aiding in the diagnosis and referral process for soft-tissue conditions.

Temporo-Mandibular Joint Referral Form

The Temporo-Mandibular Joint referral has the following pages:

1. Consent
2. Best interests' details (optional)
3. Patient details
4. Referrer details
5. Treatment (**Type + History + Anaesthetic**)
6. Medical history
7. Patient's GP Details
8. Communication
9. Guideline confirmation

Apical Surgery Referral Form

The Apical Surgery referral has the following pages:

1. Consent
2. Best interests' details (optional)
3. Patient details
4. Referrer details
5. Reason for referral
6. Reason for referral (**Tooth of Concern**)
7. Treatment (**Anaesthetic**)
8. Radiograph
9. Medical history
10. Patient's GP Details
11. Communication
12. Guideline confirmation

Tooth of Concern page

This page is part of a multi-page **only on the Routine Apical Surgery Referral Form**. It collects specific details about the **tooth of concern** and the **reason for referral**, including:

1. **Tooth of Concern**
2. Information on prior **root treatments** and the tooth's functionality.
3. **Coronal Restoration**: Identifying any restoration work along with questions about de-cementation and restoration soundness.
4. **Oral Hygiene**: An assessment of the patient's oral hygiene.

The page helps determine the condition and history of the affected tooth, guiding the referral process for appropriate treatment.

Other Oral and Maxillo-facial Surgery Referral Form

This is the form for referral for other types of surgeries that do not fit into the categories of the other referrals. The Other Oral and Maxillo-facial Surgery referral has the following pages.

1. Consent
2. Best interests' details (optional)
3. Patient details
4. Referrer details
5. Reason for referral
6. Type of Treatment
7. Radiograph
8. Medical history
9. Patient's GP Details
10. Communication

The screenshot shows the 'Routine Apical Surgery Referral Form' for the 'Tooth of Concern' section. The header includes the NHS Gloucestershire Hospitals logo and the title 'Oral surgery referral'. The form is titled 'Routine Apical Surgery Referral Form'.

Tooth of Concern

Tooth of Concern

Reason for referral

Please select all applicable

Please select at least one

☐ Pain

☐ Swelling

☐ Sinus

☐ Incidental radiographic finding

Further details

Has the tooth/teeth been root treated at least twice?

☐ Yes ☐ No

Is this a functional tooth, or is there the potential for it to be in occlusion?

☐ Yes ☐ No

What coronal restoration is present?

Please select all applicable

Please select at least one

☐ Crown

☐ Post Crown

☐ Plastic Filling

Any history of de-cementation?

☐ Yes ☐ No

Is this restoration sound?

☐ Yes ☐ No

Is the tooth root filled

☐ Yes ☐ No

Is the root filling to length and without voids?

☐ Yes ☐ No

Oral Hygiene

☐ Good ☐ Fair ☐ Poor

← Previous
Reason for referral

Next →
Anaesthetic

11. Guideline confirmation

Form Pages

The form contains a set of pages that are usually found in more than one type of referral forms on the portal. This section of the guide gives an overview of these pages and some screenshots to summarise their purpose and what kind of data they collect.

Intermediate Minor Oral Surgery prompt/criteria page

This page provides information for the referrer to check whether the patient is eligible for the **Intermediate Minor Oral Surgery (IMOS)** service provided by Gloucestershire Health & Care Services. The page outlines the IMOS service criteria.

If the patient meets these criteria, they should be referred to the IMOS service. If not, users are prompted to continue to the **next section** of the referral form for alternative options.

This page is presented on the start of the:


Dento-Alveolar Referral Form and **Third Molar** referral forms.

The screenshot shows the 'Dento Alveolar Referral Form' page. At the top, there is a blue header with the NHS Gloucestershire Hospitals logo and 'Oral Surgery Referral' text. Below the header, a link 'Go back to the home page.' is visible. The main heading is 'Dento Alveolar Referral Form'. A section titled 'Are you referring your patient to the best service?' asks if the patient is suitable for treatment in an Intermediate Minor Oral Surgery (IMOS) service instead of in a hospital. It then provides a link to the IMOS service hosted by Gloucestershire Health & Care Services. Below this, it lists the IMOS service inclusion criteria: over 18 years of age, ASA I or II, will accept treatment under local anaesthetic only, surgical removal of uncomplicated third molars, surgical removal of buried roots, and exposure of palpable or superficial impacted teeth. At the bottom, there is a green button labeled 'Yes I'd still like to continue to refer'.

Consent page

This page is on **all referral forms on the portal**. The main purpose of this page is to obtain the patient's consent for the referral. This page also checks if the referral is in the **patient's best interest** (if the patient does not consent).

If the consent is "No" or the referral is not in the patient's best interest, the form **collects the patient details and then ends**. However, if the consent is "Yes", the form skips the **best interest** page and move on to the next step in the referral process.

**Gloucestershire Hospitals**
NHS Foundation Trust

Oral Surgery Referral

Routine Dento Alveolar Referral Form

Consent


Has the patient understood and consented to the referral?

☐ Yes ☐ No

Next →

Patient Details

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**Gloucestershire Hospitals**
NHS Foundation Trust

Oral Surgery Referral

Routine Dento Alveolar Referral Form

Consent

Has the patient understood and consented to the referral?

☐ Yes ☒ No

Please give details
e.g., Lacks capacity, has LPOA etc.

Is this for the patient's best interest?

☒ Yes ☐ No

Next →

Best Interest Details

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Best Interest page

This is an **optional** page focused on gathering additional details to assess whether the proposed referral is in the patient's best interest.

It includes fields for the referrer to document the patient's specific concerns, health challenges, decision-making capacity, previous experiences, awareness of benefits/risks, alternative treatment options, and any potential risks of making the referral decision without consent.

The page also collects information about the referrer and their relationship to the patient.

Patient Details page

This page collects basic contact information on the patient being referred. Including other information like their NHS number and Date of birth to help with record management.

Referrer Details page

This page collects basic contact information about the on referrer and the referrer's practice. This is done for record management.

The screenshot shows the 'Best Interest Details' section of the 'Routine Intra Oral Soft-Tissue Referral Form'. The form is part of the NHS Gloucestershire Hospitals NHS Foundation Trust system. It includes several questions with text input fields and radio button options. The questions are: 'What are the specific concerns or reasons the patient is non-compliant?', 'What is patient current health challenge?', 'Has the patient been formally assessed for decision-making capacity?', 'Does the patient have any previous experiences that might influence their current approach to treatment?', 'Is the patient fully aware of the potential benefits and risks of complying with the suggested treatment?', 'Are there alternative treatment options that might be more acceptable to the patient while still meeting medical objectives?', and 'Are there any potential risks of making a decision without patient consent in this referral?'. Each question has a corresponding text input field or radio button options (Yes, No, or Unable to understand or retain information). Below the questions are fields for 'Name of the person making referral', 'Relationship to patient', and 'Date of consent' (with a date picker). At the bottom, there are navigation links: 'Previous' (with a left arrow) and 'Next' (with a right arrow), both labeled 'Consent'. A footer note reads '© 2024 GHT App Support Team'.

The screenshot shows the 'Patient Details' section of the 'Routine Dento Alveolar Referral Form'. The form is part of the NHS Gloucestershire Hospitals NHS Foundation Trust system. It includes fields for 'Title' (a dropdown menu), 'First name', 'Surname', 'NHS Number' (with a link to find the patient's NHS number), 'Date of Birth (DD/MM/YYYY)' (with separate fields for Day, Month, and Year), 'Postcode' (with a 'Find Address' button), 'Address 1', 'Address 2', 'Town/City', 'Postcode', 'Email', 'Confirm Email', and 'Phone number'. At the bottom, there are navigation links: 'Previous' (with a left arrow) and 'Submit' (a green button).


2 Referrer Details page

The screenshot shows the 'Referrer Details' section of the 'Routine Dento Alveolar Referral Form'. The form is part of the NHS Gloucestershire Hospitals NHS Foundation Trust system. It includes fields for 'Title' (a dropdown menu), 'First name', 'Surname', 'Job Title', 'Professional Registration Number', 'Practice Name', 'Postcode' (with a 'Find Address' button), 'Address 1', 'Address 2', 'Town/City', 'Postcode', 'Email of Referrer', 'Confirm Email', and 'Phone number'. At the bottom, there are navigation links: 'Previous' (with a left arrow) and 'Next' (with a right arrow), both labeled 'Patient Details'. A footer note reads 'Reason for Referral'.

1 Patient Details page

Reason for Referral/Clinical Details page

This page collects information on the reason for referral. **All referrals on this portal have a specialised variation** of this page, for example the **Intra-Oral** has a specialised version of this page that includes an **interactive mouth map**, the apical surgery referral page includes questions that specify the tooth of concern.



Oral Surgery Referral

Routine Dento Alveolar Referral Form

Reason For Referral / Clinical Details

Please detail the reason for referral and what you want us to do for your patient. If you feel this referral is urgent then please justify this below.

Some details


[← Previous](#)
Referrer Details

Next →
[Type Of Treatment](#)

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Treatment page

This page collects information on the treatment conditions. **Some referral forms** on the portal have a **specialised variation** of this page



Oral Surgery Referral

Routine Dento-Alveolar Referral Form

Type of Treatment

For Apical Surgery and Wisdom tooth removal please use specific forms

Is this patient suitable to accept treatment under local anaesthetic?

If so, this may help to expedite the waiting time for treatment for your patient

☒ Yes ☐ No

[← Previous](#)
Reason for referral

Next →
[Radiographs](#)

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This page to be focused on the radiographic requirements for the dental/oral surgery referral process. It allows provides the referrer:

1. **Instructions for submitting radiographs**
2. **Radiograph requirements**
3. **Guidance on obtaining and submitting radiographs**
4. **Interface for submitting a Radiograph**
5. **Responsibilities of the referrer**
6. **Link to the Imaging Request Form**

Overall, this page provides detailed guidance on the radiographic requirements and submission process for the dental/oral surgery referral.

This page is present on **all forms, except:**
Intra Oral Soft-Tissue Referral and **Temporo-**
Mandibular Joint referral forms.

NHS
Gloucestershire Hospitals
 NHS Foundation Trust

Oral Surgery Referral

Routine Dento Alveolar Referral Form

Radiographs

Good quality radiographs are essential for patient assessment. A diagnostically adequate radiograph MUST be submitted with this referral which images the entire tooth/teeth in question and approximately 5mm beyond any apex. Inadequate radiographs will result in the entire referral being rejected

Submitting your own radiographs

- Intra-oral & OPT
 Click on the tab below to upload your image/s in JPEG format.
- Cone Beam CT
 CBCT images CANNOT be uploaded via the Tab below.
 CBCT images MUST be uploaded via the 'Image Exchange Portal' IEP (see below) This MUST include:
 - The entire dataset
 - A formal report either by yourself or a nominated, suitably qualified reporter of CBCT images. Neither ourselves nor our in-house radiology team are funded to and will not report external images.

Referrals where the above requirement are not met will be rejected.

Dental practices can register for IEP access via the Radiology IT team at GHT.

Please contact [Sectra Image Exchange Portal](#) | [Sectra Medical](#) to register your practice and submit images. Please reference this in the referral.

Please upload any relevant diagnostically accepted radiograph.

Acceptable file formats: .jpg/jpeg, .pdf, .png

Upload File

File Uploaded

nhs-logo-square.jpg

Please tick radiograph type uploaded

☒ DPT

☐ Intra- Orals

If radiographs are required

If an OPT is required and you do not have access to an OPT facility then either:

- Obtain an OPT from a neighbouring practice and submit with this referral or
- Send the patient to the radiology department at GRH/CGH (Monday to Friday 0900-1700) with the 'Imaging Request Form' - see below, suitably completed.
 The form MUST be annotated with the following: 'Please return image to dental practice for reporting'.

It is your responsibility to review the image and:

- Confirm that referral is required
- Consider whether the [referral is suitable for the IMOS service](#) and refer there if so
- Check there are no incidental findings and that no other dental/periodontal work is required.

➔ [Click here for the Imaging request form](#)

← Previous
[Treatment](#)

Next →
[Medical History](#)

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Routine Dento Alveolar Referral Form

Radiographs

Good quality radiographs are essential for patient assessment. A diagnostically adequate radiograph MUST be submitted with this referral which images the entire tooth/teeth in question and approximately 5mm beyond any apex. Inadequate radiographs will result in the entire referral being rejected

Submitting your own radiographs

- Intra-oral & OPT
Click on the tab below to upload your image/s in JPEG format.
- Cone Beam CT
CBCT images CANNOT be uploaded via the Tab below.
CBCT images MUST be uploaded via the '**Image Exchange Portal**' IEP (see below) This MUST include:
 - The entire dataset
 - A formal report either by yourself or a nominated, suitably qualified reporter of CBCT images. Neither ourselves nor our in-house radiology team are funded to and will not report external images.

Referrals where the above requirement are not met will be rejected.

Dental practices can register for IEP access via the Radiology IT team at GHT.

Please contact [Sectra Image Exchange Portal | Sectra Medical](#) to register your practice and submit images. Please reference this in the referral.

Please upload any relevant diagnostically accepted radiograph.

Acceptable file formats: .jpg/.jpeg, .pdf, .png

Upload File

If there are exceptional circumstances why a patient cannot be appropriately imaged, please tick the box below.

Please select at least one

☐ None (No radiograph)

If radiographs are required

If an OPT is required and you do not have access to an OPT facility then either:

- Obtain an OPT from a neighbouring practice and submit with this referral or
- Send the patient to the radiology department at GRH/CGH (Monday to Friday 0900-1700) with the '**Imaging Request Form**' - see below, suitably completed.

The form MUST be annotated with the following: 'Please return image to dental practice for reporting'.

It is your responsibility to review the image and:

- Confirm that referral is required
- Consider whether the [referral is suitable for the IMOS service](#) and refer there if so
- Check there are no incidental findings and that no other dental/periodontal work is required.

➔ Click here for the Imaging request form

← Previous
Treatments

Next →
Medical History

Medical History page

All referral forms on this portal have a page for collecting the medical history of the patient being referred. All questions on this page are mandatory.

The screenshot shows the 'Medical History' page of the 'Routine Dento Alveolar Referral Form'. The page has a blue header with the NHS Gloucestershire Hospitals logo and 'Oral Surgery Referral'. The title 'Routine Dento Alveolar Referral Form' is in the top right. The main heading is 'Medical History', followed by the instruction 'please give details of all medical comorbidities'. There are three large text input fields for 'Medical History', 'Current medication', and 'Allergies and details of reaction'. At the bottom, there are navigation links: '← Previous Radiograph' and 'Next → Patient GP Details'. A footer at the bottom right reads '© 2024 GHT App Support Team'.

Patient's GP page

This page is present on all forms on the portal and is used to collect the Patient's GP information in the case where **the referrer is different from the GP** of the patient. It collects identical information as the **Referrer Details** page.

The screenshot shows the 'Patient GP Details' page of the 'Routine Dento Alveolar Referral Form'. The page has a blue header with the NHS Gloucestershire Hospitals logo and 'Oral Surgery Referral'. The title 'Routine Dento Alveolar Referral Form' is in the top right. The main heading is 'Patient GP Details', followed by the question 'Is the patient's GP different from referrer?'. There are two radio button options: 'Yes' and 'No'. At the bottom, there are navigation links: '← Previous Medical History' and 'Next → Communication & special requirements'. A footer at the bottom right reads '© 2024 GHT App Support Team'.

Communication & special requirements page

This page is present on all forms on the portal and is used to collect information about special communication requirements that the patient may have.

The screenshot shows the 'Communication & special requirements' section of a form. At the top, the NHS Gloucestershire Hospitals logo and 'NHS Foundation Trust' are on the left, and 'Oral Surgery Referral' is on the right. Below this, the title 'Routine Dento Alveolar Referral Form' is centered. The section title 'Communication & special requirements' is bold. There are three questions, each with 'Yes' and 'No' radio button options: 'Does the patient communicate in a language or mode other than English', 'Is an interpreter required?', and 'Does the patient have any special requirements'. At the bottom left is a 'Previous' link with a left arrow, and at the bottom right is a 'Next' link with a right arrow. Below the 'Previous' link is a 'GP Details' link, and below the 'Next' link is a 'Guideline Confirmation' link. At the very bottom, centered, is the copyright notice '© 2024 GHT App Support Team'.

Guidelines confirmation & referral summary and submission confirmation pages

All referral forms on this portal ends with a page displaying the referral guidelines as issued by the Southwest LDN. This confirmation is required to complete the referral.

After the referral is completed, the form navigates to the referral page and shows a summary of the answers for all pages to be reviewed and confirmed correct before submission.

On a successful submission, the user gets a confirmation screen to indicate that the form has been collected.

The screenshot shows a summary page for the 'Communication & special requirements' section. It has the same title as the previous page. Below the title, there are three rows, each representing a question and its answer. The first row is 'Does the patient communicate in a language or mode other than English' with the answer 'No' and a 'Change' link. The second row is 'Is an interpreter required' with the answer 'No' and a 'Change' link. The third row is 'Does the patient have any special requirements' with the answer 'No' and a 'Change' link. Below these rows is a section titled 'Confirmation of referring practitioner'. It contains a long text block: 'I confirm that this patient referral meets the current referral guidelines as issued by the Southwest LDN. (Referral guidelines are available on the LDN website). I understand that incomplete and/or inappropriate referrals will be returned for revision and may delay patient treatment. Please note that it is now a mandatory requirement for referrers to provide their GDC or GMC Number on this form'. To the right of this text is a 'Change' link. At the bottom left of the section is a green 'Confirm' button.

3 Summary page

Email

On Referral Submission

An email with the link to the completed referral will be sent to the CBO on completion of the referral.

On Referral Approval

When a referral gets approved, an email is sent to the referrer. Find below an example approval email.

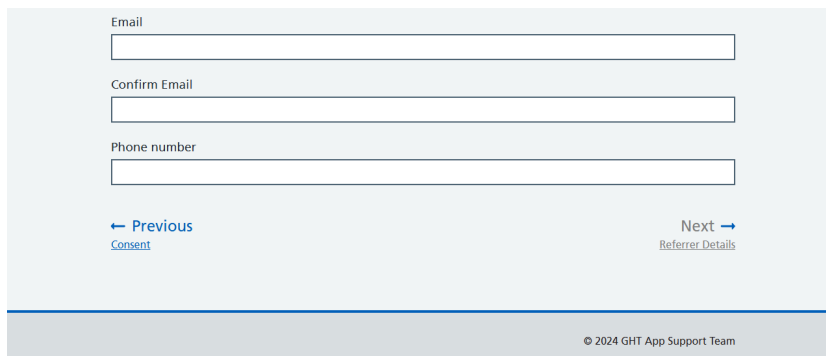
On Referral Rejection

When a referral gets rejected, an email is sent to the referrer. Find below an example approval email.

Troubleshooting

Input Validation

All the referral forms on this portal are multi-page/multi-step forms that require all inputs to be valid before continuing on to the next step. When any input on the page is not valid or not answered the button for the next page would be greyed out and the user would not be able to continue with the referral.



The screenshot shows a form with three input fields: "Email", "Confirm Email", and "Phone number". Below the "Phone number" field, there are two buttons: "← Previous Consent" and "Next → Referrer Details". The "Next" button is disabled (greyed out). At the bottom of the form, there is a footer that reads "© 2024 GHT App Support Team".

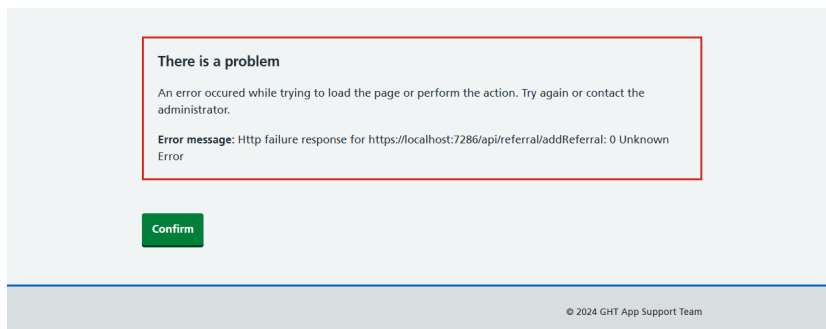
Errors

When an action fails, e.g. a submission fails after clicking submit, an appropriate error message would be displayed (see screenshot below for example error message). While some errors may be a temporary glitch it is important to report such errors when they occur.

A request should be logged on TopDesk and;

- A screenshot of the error,
- Information about the page it occurred on (e.g. Dento-Alveolar referral form, summary page) and
- The action that triggered the error (e.g. On clicking of the submit button).

Should all be added to the TopDesk query as this helps to identify the issue quicker.



The screenshot shows an error message box with a red border. The text inside the box reads: "There is a problem", "An error occurred while trying to load the page or perform the action. Try again or contact the administrator.", and "Error message: Http failure response for https://localhost:7286/api/referral/addReferral: 0 Unknown Error". Below the error message box, there is a green button labeled "Confirm". At the bottom of the form, there is a footer that reads "© 2024 GHT App Support Team".