

# EXTERNAL DENTAL EMERGENCY REFERRAL GUIDELINES

The Dr. Gerald Niznick College of Dentistry will be accepting adult and pediatric referrals for consideration of emergency treatment that fall under the MDA guidelines of a true dental emergency, which includes:

1. Significant infection e.g. cellulitis,
2. Acute pain that cannot be managed pharmacologically,
3. Oro-facial trauma, or
4. Prolonged bleeding.

It is the expectation that dental offices triage patients, whether an existing patient of record or a new patient that has contacted the office for an emergency, and manage emergency dental care pharmacologically prior to sending an online referral. **We do not have the capacity to evaluate, diagnose and treatment plan external patients, this needs to be completed by the referring dentist prior to the referral.**

The main disciplines that we are able to offer treatments for are: endodontic, oral surgery and pediatric dental emergencies where pain and/or infection cannot be managed pharmacologically.

**All referrals to the College require the following:**

- A tooth number
- A diagnosis
- A treatment plan with clear direction as to what dental procedure is being referred
- Appropriate radiographs

**FORM DOWNLOAD INSTRUCTIONS**

1. Download the PDF form to your local computer.
2. Complete the PDF form with all relevant patient information: medical history, patient contact information, insurance information, referring dental office information, and referring dentist information.
3. Save the PDF file on your computer.
4. Select the hyperlink at the top of the PDF page ([dentalreferral@umanitoba.ca](mailto:dentalreferral@umanitoba.ca)) or manually open your selected email provider software and direct your email to the [dentalreferral@umanitoba.ca](mailto:dentalreferral@umanitoba.ca) in the To: field.
5. Please attach the saved PDF file and attach any related radiographs to the email relevant to the required emergency treatment.
6. Hit the "Send" option.
7. An automated response will be generated to confirm that the referral to the Dr. Gerald Niznick College of Dentistry has been received. If you encounter difficulties with this process, please call 204-789-3497.



**INSTRUCTIONS:**

1. **Download** the form to your desktop. (Not all browsers support fillable PDFs.)
2. Fill out all fields and **save** the PDF
3. Create an email and **attach** the PDF, as well as supporting documents such as radiographs
4. **Email** materials to [dentalreferral@umanitoba.ca](mailto:dentalreferral@umanitoba.ca)
5. If you encounter difficulties, call 204-789-3497 for assistance

<b>Referring Practice Information</b>				
Name of Dentist		Name of Practice		Practice Telephone No.
Practice Address		City	Province	Postal Code
				Practice Fax No.
<b>Patient Information</b>				
Name of Patient		Date of Birth (DD/MM/YY)	Tel. (Work)	Tel. (Home)
				Tel. (Cell)
Patient Address		City	Province	Postal Code
Name of Parent/Guardian				
Patient Insurance <i>(please check one)</i>				
Private		NIHB	SA	None
				Other:
<b>Reason for referral <i>(please check all that apply)</i></b>				
Dental emergency		Prolonged bleeding		
Acute pain that cannot be managed with medication		Orofacial trauma		
Significant infection e.g. cellulitis				
<p>If you selected dental emergency, provide details.          Include:</p> <ul style="list-style-type: none"> <li>• What treatment has been provided</li> <li>• The date and dosages of the pharmacological management you have previously prescribed</li> <li>• The patient's response to pharmacological management after 24-28 hours</li> </ul> <p><i>(max. 125 words)</i></p>				

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<p><b>FOR MAIN CLINIC OFFICE USE</b></p> <p>AxiUm chart number assigned:</p> <p>Reviewed by Assoc. Dean Clinics:</p> <p>Date Processed:</p>
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<b>Treatment Referred</b> <i>(please check all that apply and provide details)</i>		
Endodontic treatment Tooth	Extraction Tooth	Pedodontics Tooth
Diagnosis	Diagnosis	Treatment requested
<b>Medical History</b>		
Please indicate any special factors, either dental or medical, such as known allergies, specific medical problems relevant to diagnosis and treatment, and pharmacological interventions. <i>(max. 125 words)</i>		
<b>I am including</b>		
No attachments	Radiographs	Other

Main Clinic Dental Emergency Referral Form April 2020