Advanced Prosthetics Institute
CENTER FOR EDUCATION OF COMPLEX DENTAL ISSUES

API Call Referral Protocol

Note: Upload all email/letter templates to Dentrix. Doctor will complete after consultation and send from operatories. When completed doctor will save letter to patient's permanent record.

1. When receive **first referral** from a provider:
   a) If referral from a **medical** provider, find out if patient has a general dentist who he would like to continue relationship with.
      i) If yes, Dr. C will contact dentist to ask if dentist is familiar with API, would like to co-manage patient and establish a referral relationship.
      ii) If patient doesn't have a dentist, we will establish patient in practice.
   b) If referral is from a **dentist**:
      i) Contact patient to schedule appointment for a consultation with our doctor
      ii) Send **thank you for referral email** to provider for referral (add API logo to signature). "We contacted the patient and scheduled a consultation on _____ with the patient. We will follow-up with your practice on _____ to keep you informed."
      iii) If we haven't been able to get in touch with patient, advise that we've attempted to get in touch.

2. Request Appointment with Provider
   a) We will contact you to arrange an appointment to review:
      i) Referral form
      ii) Have dentist sign Mutual Care and Non-compete Agreement
      iii) Warranty - Make staff aware of expected parameters:
      - *Complete exam by referring office:*
         D0140 Ltd oral evaluation
         D0150 Comprehensive Oral Evaluation
      - *X-rays:*
         a. Perio: readable FMX
         b. Non-Perio: 7 series BWS and PANO
         If x-rays are not available, they can be taken at our office, however, goal is to increase referring doctor's revenue.
      - *Full Perio Chart*
      - *Patient info.*
         a. Identify how to get films to API.
         b. Provider uploads all info prior to patient's appt.

3. Initial Consultation

    a) Patient signs Patient Compliance Agreement

    b) Review Warranty

    c) After consult, email post consult letter with signed agreements to dentist indicating patient has consented to the agreements and understands he'll return to dentist's practice for post treatment care.

4) Diagnostic Consultation Meeting

    a) Send **post diagnostic consult meeting** - Indicate mode of care, time frame of care

5) Post Treatment

    a) Send **post treatment email** indicating that patient should be returning for routine care and details of any additional care are needed.

    b) Have patient complete satisfaction survey.

    c) Determine if patient is good candidate for refer a friend program or an online review

6) When receive **recurring referrals** from providers, send:

    a) Thank you for referral

    b) Contact office if need additional information

    c) Post consult letter

    d) Post Treatment letter