



521 4<sup>th</sup> Street Havre Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

## POLICY

### REFERRAL AND FOLLOW-UP POLICY

DEN 011


When a patient presents with a treatment need that Bullhook Community Health Center (BCHC) is unable to provide, every attempt should be made to provide the patient with further options for treatment. This will include at minimum, names and phone numbers of specialists or dentists who would most likely be able to provide the needed treatment. If time and resources permit, specific contacts to those specialists or resources by the dentist or staff are encouraged in order to facilitate obtaining care for the patient.

Given that the nature of most dental referrals, do not involve life threatening conditions or treatment, the dental staff will not be expected to follow up on every referral given to a patient for treatment unable to be provided at BCHC. However, appropriate and close follow-up shall be conducted for the following conditions to assess patient compliance and referral results:

1. Referral for biopsy of any lesion.
2. Referral for treatment of significant extraoral or intraoral swelling.
3. Referral follow-up and tracking must be completed and documented.

  
\_\_\_\_\_  
CHIEF EXECUTIVE DIRECTOR

Date: 9-12-16

  
\_\_\_\_\_  
CHAIR, BOARD OF DIRECTORS

Date: 9-12-16

Date first adopted	05/20/2009
Date Revised/QI Board approval	05/06/2009, 08/31/2016
New date adopted/Board of Directors approval	05/20/2009, 09/12/2016