

## Checklist for referring GDP to MOS Hertfordshire

We hope the below checklist will help you complete the MOS referrals in line with the requirements ensuring that all necessary information is provided to ensure that referrals do not need to be sent back to the referring GDP as incomplete/inappropriate.

Completed MOS referral form (please complete all sections)	
NHS number (10 digits - no letters)	
Check registered with Hertfordshire GP and Provide GP details.	
Patient Signature	
Dentist Signature	
Notation of teeth & justification for referral to MOS (please refer to referral criteria)	
Radiographs enclosed or reason not enclosed	
Relevant Medical History	
FP17RN enclosed - With payment information (Band 2 - / Pt exempt)	

Please do not hesitate to contact us on 01462 742 353 if you have any further questions, comments or need advice on the referral system.

