Referring to an Oral Surgeon

Sending referrals to an oral surgeon creates a partnership between practices. When a patient is sent to our office, we support the patient *and* the referring practice. We share advanced imaging, treatment details, cooperative care plans, and even certain implements necessary to restore cases.

We support the approach you’ve taken with your patients and urge them to pursue the full care you recommend. Oftentimes, this helps patients move forward not only with treatment related to a surgical procedure, but with additional services. When a reluctant patient arrives in our office for limited care, we are often able to appropriately expand a treatment plan and return that patient to you for a level of care more in line with what you envisioned.

We conducted a study and found that practices that amplified our referral relationship have grown in both a restorative and patient engagement perspective. And when patients are self-referred to our practice, we send them to a doctor we’ve come to know (through many shared patients) for their general and restorative needs.

All surgical procedures involve an anesthetic, and sometimes it’s necessary to take a more substantial approach than was initially anticipated. We provide IV sedation and general anesthesia as a first option, as well as in response to cases that aren’t progressing well under local anesthesia or light sedation. It’s an adjustment we can make without relocating or rescheduling a patient who made emotional, financial, and logistical plans to complete the procedure that day. Under certain circumstances, it allows us to promptly diagnose and treat underlying/undetected conditions as well as routine and complex oral pathology.

Patients benefit from a solution customized to their situation, which helps them tolerate procedures and have a better recovery. Patients also tell us it contributes to an improved overall view of their experience and satisfaction with their specialist and general provider.

We provide enhanced services to our referred patients and treat them as VIPs. We assure them of our cooperative care approach with your office and inform them of the coordination that will occur every step of the way. We provide 24-hour access to our support team for any questions or concerns that arise, and we offer near-immediate appointments to those who should be seen on a follow-up basis. This allows us the opportunity to observe and respond to even perceived difficulties for the comfort of our shared patients. Many parents enjoy this added benefit and routinely contact us for guidance, handling of medications, clarity on various uncertainties, or just for confirmation about proper post-operative care. We work hard to absorb this responsibility and ensure that when a patient returns to your office, it’s not to alleviate concerns, but rather to continue with the next step you had in mind.

It’s unfortunate, but emergencies do arise during surgical procedures. It’s important to acknowledge this crucial fact and prepare for it, because not a week goes by without practitioners all over the country experiencing complications, unforeseen circumstances, and life-threatening emergencies during seemingly routine procedures.

**Details the surgeons’ baseline credentials**.

***SAMPLE****: Dr. \_\_\_\_\_ is a board-certified specialist who maintains hospital privileges/affiliation at \_\_\_\_\_ and is an associate professor at \_\_\_\_\_. He’s required to maintain his proficiency at reversing life-threatening emergencies and handling patient complications. In addition, Dr. \_\_\_\_\_ employs a clinical team that is higher in number than most surgical practices, each with each BLS and ACLS certification, and several with Dental Anesthesia Assistant National Certification.*

Our office keeps specialized monitoring equipment, extra oxygen tanks, ICU drugs, and advanced intubation instrumentation, and we conduct emergency protocol drills to ensure we’re always ready to predict, avert, and respond to a variety of patient situations.

These days, it’s all too common to see even unavoidable circumstances turn to blame and litigation. Many practitioners don’t want to assume the legal responsibility involved with the advanced procedures they could perform. And it’s a valid concern, especially when they are subject to liability if the office environment or anyone operating under their license is perceived to contribute to a problem or fail to prevent it.

You’ve probably heard of situations where doctors take an expanded approach to performing surgical procedures in their own offices, either personally or through the efforts of a visiting provider. What can be deceiving is the cost involved, both in dollars and risk exposure. It’s expensive to maintain the level of practice/provider insurance, equipment, instrumentation, inventory, and additional provider fees associated with these procedures—even more so if a procedure doesn’t go as planned and is subject to public or legal scrutiny, or if it has to be referred out in the end.

Our practice assumes that cost and risk, and those who refer to us are comforted to know that we shield them from culpability by maintaining a practice with advanced safety features. Additionally, the dollars associated with our office supporting the restorative portion of yours just makes sense.