OHP
Oral Health Partnership
Dentistry for Tots to Teens

1245 Main St. Green Bay, WI 54302
P: 920.965.0831
F: 920.965.0834

Patient Referral Form

Patient Name: _____ DOB: _____

Legal Guardian Name: _____ Language: _____

Primary Phone: _____ Secondary Phone: _____

DOS for x-rays (if available): _____

Reason for Referral:

_____

_____

_____

_____

_____

_____ _____

Referring Dental Office/Primary Care Physician Date

_____

Office Phone

Criteria for Hospital Case Referrals:

- Well children 5 years old and under
  - Severe early childhood caries
  - Frankl 1 or 2 and/or failed operative appointment
    - please provide us clinical documentation of failed operative appointment
- Security Health Plan HMO is NOT IN NETWORK at the hospitals OHP works with
- Any child 18 years old and under with special needs

*If there are special circumstances outside of these guidelines, please call OHP to speak with our Hospital Program Manager.

It is parent's responsibility to call OHP to schedule their child. An appointment cannot be scheduled if pertinent patient information has not been received by referring dental office. Please email this form, clinical documentation, and x-rays to kids@bcohp.org.

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