OHP dental referral request form

FOR ODS USE ONLY
ODS CSR-call/fax received by _____
Referral to _____
Eligibility _____
Date Received _____
Date Completed _____

Please read instructions before completing
Note: Incomplete forms may result in denial of referral.

SECTION 1 | *Patient information*

Plan ☐ Plus ☐ Standard	Is emergency treatment needed? ☐ Yes ☐ No	OHP client ID no.
Patient last name	First name	MI
Date of birth	Patient phone	
Address Street	City	State ZIP code

SECTION 2 | *Referral information*

Name of referring dentist and/or clinic	Contact name
Address Street	City State ZIP code
Office phone	Office fax

Type of referral: ☐ ENDO ☐ Oral surgery ☐ PERIO ☐ PEDO ☐ Special needs/general dentist

Date of last appointment with refering provider ____ / ____ / _____ Is patient experiencing any pain? ☐ Yes ☐ No

Tooth no.	Pain level (1-10)	Swelling?	Infection?	Notes
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	

Has pain relief been provided? ☐ Yes ☐ No	Any medication given? ☐ Yes ☐ No	Please list the medications given to the patient or any other pain relief provided

X-rays available: ☐ PA ☐ Bitewings; how many? ____ ☐ FMX ☐ Panoramic film

Please indicate how the X-rays will be submitted. ☐ NEA; NEA no. _____
☐ Emailed to ohpdentalcoordinator@odscompanies.com ☐ Mailed to the attention of the OHP Dental Coordinator at 601 SW 2nd Ave Portland, OR 97204
Note: If X-rays are not submitted with original request, referral may be denied. Tooth needing treatment must be visible on film.

For ENDO referral, are canals of tooth/teeth: ☐ Curved ☐ Calcified Final Restoration: _____

For PERIO referral, date of last root planing and scaling: ____ / ____ / _____ Bone Loss? ☐ Yes ☐ No *(please attach perio charting)*

Additional comments

PLEASE SEND COMPLETED FORMS TO:

MAIL: ODS Community Health, Inc., Attn: OHP Dental Coordinator, 601 SW 2nd Ave Portland, OR 97204
EMAIL: ohpdentalcoordinator@odscompanies.com **FAX:** 503-765-3297

If you have questions, please contact ODS Community Health, Inc. toll free at 800-342-0526. (TTY users, please dial 711.)
www.odscompanies.com