



# Boston Children's Hospital

Department of Dentistry  
300 Longwood Avenue | Mail stop: HU - 226  
Boston, Massachusetts 02115  
phone 617-355-6571 | fax 617-730-0478  
www.childrenshospital.org/dentistry

## Patient Referral Form

Please note, BCH typically does not accept Delta Dental of MA, EPO and MPE Plans for routine dental care and United Health Care, Fallon, NHP and NH Wellsense for treatment under general anesthesia. Each case will be reviewed individually.

Please be advised, consults generally book 3-5 months out. Urgent referrals will be evaluated on a case by case basis. For urgent referrals please call (617) 355-6571

Patient Name:

Date of Birth:

Gender

Male

Female

Unknown

Parent/Guardian Name:

Relationship:

Address (Street, City, State Zip):

Parent/Guardian Phone Number:

E-mail address:

Interpreter needed?

No

Yes - Language spoken:

Has patient ever been seen at BCH?

Yes

No

Dental Insurance:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Group Number:

Medical Insurance:

Subscriber Name:

Subscriber DOB:

Subscriber ID:

Group Number:

**SECTION BELOW TO BE FILLED BY REFERRING DENTAL OFFICE**

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Referring Office:

Referring Dentist:

Address (Street, City, State Zip):

Office Phone Number:

E-mail address:

Reason patient is being referred to  
BCH?

Orthodontic Care

Extractions only

Sedation/GA

Behavioral/Medical

Pedodontic Care

Transfer of Care

Periodontic Care

Prosthodontic Care

Endodontic Care

Other

**\*\*If patient is medically complex, please attach last clinical note to this form\*\***

Date of last cleaning:

Date of most recent x-rays:

**\*\*If applicable please attach digital images to this form\*\***

Does the patient need antibiotic  
prophylaxis?

Yes

No

Has the patient had 2 or more failed  
attempts of treatment with general  
anesthesia?

Yes

No

Not Applicable

If **YES**, please provide the dates

First attempt:

Second attempt:

**Please e-mail completed referral form and ALL supporting documents to  
Dentistry@childrens.harvard.edu with patient's name in the subject line.**