If you are a MAC user the "submit email" function will not work. Please fax completed form to 07 578 5485

Please use your individual login to activate fields

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Referral – Community Dental Services

Community Health 4 Kids

Private Bag 12024, Tauranga. Fax: 07 578 5485 Phone: 07 577 3335

Please check that the Parent / Caregiver wants to use the BOPDHB Community Dental Service before completing this form. ***If not please on-refer to Te Manu Toroa – Only for Western BOP region***

Referrer Details:

Organisation Name:		Referral Date:	
Referrer Name:		Referrer Phone:	
Referrer Position:		Email Address:	

Child's Details:

Child's Firstname:		Child's Surname:	
Date of Birth:		NHI:	
Parent/Caregiver Name:			
Relationship to child:			
Address:			
Phone Number:		Work Number:	
Cell Phone Number:			
Preschool Name:		School child will be enrolled with:	

Child's "Lift the Lip" Assessment grade

The progression of Decay	
Plate - 1	
Plate - 2	
Plate - 3	
Plate - 4	
Plate - 5	
Plate - 6	

PRINT FORM | EMAIL to Community Dental Services | CLEAR FORM

Preschool Dental Administrator – please complete and send response back to the referring Nurse / Community Health Worker

Date referral received:	
Date assessment appointment made:	
Assessment wait listed:	☐ Yes ☐ No