

PLEASE NOTE: This form should only be submitted if one of the boxes is checked "yes" under the "Medical Information" section on page one (1) of the application. This form **MUST BE COMPLETED BY YOUR PRIMARY MEDICAL PRACTITIONER.**



Donated Dental Services (DDS) - Medical Triage Form

DDS is dedicated to helping people with disabilities, the elderly, or the medically fragile/compromised. We need your help to prioritize the dental needs of your patient.

Patient Name (Printed): _____

Program: _____

Medical Necessity of Dental Care:

Given medical circumstance(s), are you concerned the person's dental condition poses a significant risk of increased morbidity?

Yes* No **(If the answer is no, do NOT proceed with the remainder of the form)**

**If yes, please grade risk:*

- Moderate, needs dental care completed within six to twelve months
- Severe, needs dental care within three to six months
- Urgent, present status an unacceptable risk to overall care (i.e., abscesses, osteomyelitis)

Medical Condition (please check all applicable lines):

- Sepsis concerns because patient is immunocompromised by:
 - Disease(s) (specify _____)
 - Immunosuppressant / Cytotoxic drugs (specify _____)
- Infection of existing or planned orthopedic prosthesis / hardware
- Infection of existing or planned implanted vascular / valvular / cardiac devices
- Recipient of or candidate for organ transplant (type _____) | Date of Transplant: ____ / ____ / ____
- Poorly managed diabetes (date and level of last A1C _____)
- History of endocarditis, valvular heart disease
- History or current use of bisphosphate drugs for cancer, osteoporosis (clarify if such drugs are
 - Planned, Currently being used, Completed (year discontinued _____)
- Recurrent pulmonary complications (infection, COPD, aspiration)
- Planned surgical, endoscopic, or intubation being postponed because of brittle / loose / infected teeth
- Dysphagia related to (disease _____) risking aspiration because of missing teeth and impaired mastication
- Serious risk that severe dental infection may create abscesses / dissecting cellulitis
- Patient requires recurrent use of antibiotics and/or opioid drugs because of unresolved dental infections
- Other _____

Oral Condition (please check applicable line):

Severity of disease:

- Mild (no obvious decay or periodontal infections)
- Moderate (obvious decay and/or periodontal disease but not extreme)
- Severe (rampant decay, teeth fractured and/or mobile, significant periodontal inflammation)
- Other; please describe _____

Physician Name: _____ Physician Signature: _____ Date: _____

Physician Address and Telephone #: _____

Please Return to: _____