

**Only submit this form with your application if you have a medical need for dental treatment.**

**MUST BE COMPLETED BY YOUR MEDICAL DOCTOR!**

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Patient Full Name

\_\_\_\_\_  
Physician Phone Number

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 \_\_\_\_\_)

Medical Condition (please check all applicable lines):

Organ transplantation:  candidate for, or  recipient of a transplant (organ \_\_\_\_\_)

Immunodeficiency:  immune system suppressed by medication and/or disease (specify \_\_\_\_\_)

Renal function:  compromised ( on or planned hemodialysis)

Medications:  corticosteroids,  immunosuppressive or cytotoxic drugs,  
 bisphosphonate therapy  planned /  active /  completed (how long ago \_\_\_\_\_).

Please specify medication(s), and in following parentheses the related condition for which the drug is prescribed; e.g.,  
remicade (rheumatoid arthritis): \_\_\_\_\_

Diabetes:  type 1 /  type 2 /  controlled with  diet,  medication /  poorly or uncontrolled

Cancer: \_\_\_\_\_ type /  active,  in remission  
 chemotherapy and/or radiation therapy is  planned,  active,  completed

Cardiovascular:  hx of bacterial endocarditis /  artificial heart value /  stent /  valvular heart disease  
 other (please specify \_\_\_\_\_)

Blood dyscrasia:  (please specify type and severity) \_\_\_\_\_

Joint prosthesis:  planned /  present (type \_\_\_\_\_)

Medical Necessity of Dental Care

Will medical therapies for the patient be complicated by untreated oral condition?

yes /  no

If yes, please check applicable medical management issues

Enhanced immuno-suppression concerns / risks  
 Sepsis Risks preventing or delaying needed surgery / type \_\_\_\_\_  
 Concerns regarding intubation for anesthesia or endoscopy because teeth are mobile or brittle  
 Other (please describe \_\_\_\_\_)

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

yes /  no

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 (eg. abscesses, osteomyelitis)