



RX FOR DENTAL HEALTH

It's time to see your dentist!

Medical Provider's Name

Phone

Website

Email address

Patient's Name: _____

DOB: _____ Referral Date: _____

Dental Provider's Name (if known):

Dental Provider Phone Number: _____

Medical Precautions for Dental Treatment: yes no

Please explain: _____

Oral Health Care provided by PCP: Fluoride Rx

Caries Risk Assessment Oral Health Assessment

Fluoride Varnish Other: _____

Reason for Referral

Routine Dental Visit- Children should see a dentist by the time their first tooth comes in or by their 1st birthday, whichever comes first, and as often as recommended by their dentist thereafter.

Cavity – Possible decay has been noted.

Pain/Swelling/Possible infection noted – See a dentist **immediately!**

Please call your dental plan listed below to schedule an appointment for your child.

If you are not sure which dental plan you belong to, you can call Health Care Options at 1-800-430-4263.

If your child is enrolled in the Medi-Cal fee-for-service dental program ("Denti-Cal"), call 1-800-322-6384 or visit SmileCA.com to find a dentist and make an appointment.

Appointment made for ___/___/___ **at** ___:___ **am/pm**

Dental Provider: _____

Phone number: _____ Tx date: ___/___/___

OHI

Fluoride Varnish

Prophy

Restorations

Sealants

Fluoride Rx

Treatment Complete

Treatment incomplete