



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 when their first tooth comes in or by their 1st birthday, whichever comes first. Regular dental care during pregnancy is safe and recommended.

☐ **Dental Caries** – Possible tooth decay has been noted.

☐ **Gingivitis**- gingival bleeding or inflammation noted.

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

If you or your child is enrolled in Medi-Cal, you have dental coverage! Call 1-800-322-6384 or visit SmileCA.org to find a dentist and make an appointment.

Appointment made for ____/____/____ **at** ____:____am/pm

Dental Provider: _____

Phone number: _____ Tx date: ____/____/____

☐ Oral Hygiene Inst.

☐ Fluoride Varnish

☐ Dental Cleaning

☐ Restorations

☐ Sealants

☐ Fluoride Rx

☐ **Treatment Complete**

☐ **Treatment incomplete**