Medical Clearance for General Anesthesia or IV Sedation for Dental Procedures

Date of Request: _____ **Date of Service:** _____

To: Primary Care Provider	From: Dentist/Dental Facility
PCP: _____	Dentist: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact Name: _____	Contact Name: _____

Regarding Alliance Member: _____ Phone: _____

Alliance Member ID: _____ Sex: _____ Age: _____ DOB: _____

Address: _____

Your patient (listed above) is being scheduled for dental procedures that may require the administration of general anesthesia or IV sedation. Please review the reasons checked below for your agreement with the need for general anesthesia and complete the Primary Care Provider Response section so we may obtain authorization for planned general anesthesia or IV sedation services.

Dental Provider, please check at least one of the below Reasons for General Anesthesia:

- ☐ Use of local anesthesia to control pain failed or was not feasible based on the medical needs of thepatient.
- ☐ Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient.
- ☐ Failure of effective communication techniques and the inability for immobilization (patient may be adanger to self or staff).
- ☐ Patient requires extensive dental restorative or surgical treatment that cannot be rendered under localanesthesia or conscious sedation.
- ☐ Patient has acute situational anxiety due to immature cognitive functioning
- ☐ Patient is uncooperative due to certain physical or mental compromising conditions.
- ☐ Other (please list): _____

Primary Care Provider Response:

- ☐ No contraindications for general anesthesia for dental procedure
- ☐ No special precautions for dental treatments
- ☐ No Prophylactic antibiotics needed
- ☐ Agree with dentist's medical or behavioral diagnosis identified as indication for surgery

Comments: _____

Physician Signature: _____ Date: _____

For more information on processing this form, please reference Policy 404-1704 – Dental Anesthesia for Alliance Medi-Cal Members, or the Alliance Provider Manual.

Print **Reset Form**

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