



Documentation of Medical Necessity for Intravenous Sedation & General Anesthesia for Dental Procedures

REFERRAL SLIP

Referred by: _____

Referral Address: _____

Referral Phone: _____

Patient Name: _____

Patient DOB: _____

Phone #1: _____ Phone #2: _____

Address: _____ Zip Code: _____

Parent Name: _____ CenCal ID#: _____

Insurance Name and ID #: _____

MANAGEMENT METHODS ATTEMPTED

- ☐ Show-Tell-Do Method Number of Attempts: _____
- ☐ Nitrous Oxide
- ☐ Oral Sedation
- ☐ Local Anesthetic
- ☐ Other: _____

BRIEF MEDICAL / DENTAL HISTORY (attach a problem list if necessary)

REFERRED FOR GENERAL ANESTHESIA DUE TO THE FOLLOWING:

(Check all that apply) If sedation is indicated, then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, IV sedation, then general anesthesia.

- ☐ 1. Use of local anesthesia to control pain failed or was not feasible based on medical needs of patient
- ☐ 2. Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient
- ☐ 3. Use of effective communicative techniques and the inability for immobilization (Patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient
- ☐ 4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation
- ☐ 5. Patient has acute situational anxiety due to immature cognitive functioning
- ☐ 6. Patient is uncooperative due to certain physical or mental compromising conditions
- ☐ 7. Medical H&P Completed

OUTCOME OF ATTEMPTED TREATMENT THAT SUPPORTS ABOVE:

Referring Doctors Signature: _____ Date: _____