PLEASE NOTE: This form should only be submitted if one of the boxes is checked "yes" under the "Medical Information" section on page one (1) of the application. This form <u>MUST BE COMPLETED BY YOUR PRIMARY MEDICAL PRACTITIONER</u>.



Donated Dental Services (DDS) - Medical Triage Form

DDS is dedicated to helping people with disabilities, the elderly, or the medically fragile/compromised. We need your help to prioritize the dental needs of your patient.

Patient Name (Printed)):	Program:	
Medical Necessity of Dental Care:			
Given medical circumsta morbidity?	rance(s), are you concerned the person's dental condition poses a signi	ificant risk of increased	
☐ Yes* ☐ No (If the answer is no, do NOT proceed with the remainder of the form)			
*If yes, please grade risk:			
-	☐ Moderate, needs dental care completed within six to twelve months		
· ·	ds dental care within three to six months sent status an unacceptable risk to overall care (i.e., abscesses, osteomyeli	:+:~\	
u orgent, pres	Sent status an unacceptable risk to overall care (i.e., abscesses, osteoliyeli	itis)	
Medical Condition (please check all applicable lines):			
☐ Sepsis concerns beca	ause patient is immunocompromised by:		
☐ Disease(s) (s	specify)	
☐ Immunosuppressant / Cytotoxic drugs (specify)			
☐ Infection of existing or planned orthopedic prosthesis / hardware			
☐ Infection of existing or planned implanted vascular / valvular / cardiac devices			
☐ Recipient of or candidate for organ transplant (type) Date of Transplant:/			
☐ Poorly managed diabetes (date and level of last A1C)			
☐ History of endocarditis, valvular heart disease			
☐ History or current use of bisphosphate drugs for cancer, osteoporosis (clarify if such drugs are			
☐ Planned, ☐ Currently being used, ☐ Completed (year discontinued)			
☐ Recurrent pulmonary complications (infection, COPD, aspiration)			
☐ Planned surgical, endoscopic, or intubation being postponed because of brittle / loose / infected teeth			
☐ Dysphagia related to (disease) risking aspiration because of missing teeth and impaired mastication			
☐ Serious risk that severe dental infection may create abscesses / dissecting cellulitis			
☐ Patient requires recurrent use of antibiotics and/or opioid drugs because of unresolved dental infections			
☐ Other			
Oral Condition (please check applicable line):			
Severity of disease:	☐ Mild (no obvious decay or periodontal infections)		
	$oldsymbol{\square}$ Moderate (obvious decay and/or periodontal disease but not ext	•	
	☐ Severe (rampant decay, teeth fractured and/or mobile, significan	•	
	☐ Other; please describe		
Physician Name:	Physician Signature:	Date:	
Physician Address and Telephone #:			

Please Return to: ______ Rev. 3/15/17