



2023 Cedar Plaza Dr.
Muscatine, IA 52761
e-mail: smile@arcticdental.com
Phone: 563.607.5979 Fax: 563.316.2385

Request for Dental Therapy Under General Anesthesia
Delta Dental Wellness Plan for Kids ONLY

Date: _____

Name: _____ **Date of Birth:** _____

Guardian Name: _____

Patient Address: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Please contact Arctic Dental, PLC by telephone, fax, or e-mail to setup an appointment.

E-mail: smlie@arcticdental.com

Radiographs preferred by secure practice e-mail for HIPPA compliance:

- Enclosed Patient Will Bring Will Be Sent None

Radiographs must include, your office name, phone and fax number, patient name and date of birth, date of exposure, and left/right orientation for conventional film.

Referring Dentist: _____

Address: _____

Phone: _____ **Fax:** _____

- Referring dentist understands that this practice does not offer in office treatment for Medicaid patients and is for dental surgery at surgery center or hospital.
- Referring dentist understands that this practice is not in Network with Medicaid (**DWPK Only**) and each case performed on a single case agreement. Referral does not guarantee case will meet criteria for treatment under general anesthesia.
- Referring dentist understands that after treatment is completed the patient will be return to their dental home for routine care.

This form is for patients with Delta Dental Wellness Plan for Kids ONLY, for all other referrals use our normal referral form.



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Request for Dental Therapy Under General Anesthesia (DWPK Only)

Total points needed to justify treatment under general anesthesia=22.

Age of client at time of examination	Points
Less than four years of age	8
Four and five years of age	6
Six and seven years of age	4
Eight years of age and older	2
Treatment Requirements (Carious and/or Abscessed Teeth)	Points
1-2 teeth or one sextant	3
3-4 teeth or 2-3 sextants	6
5-8 teeth or 4 sextants	9
9 or more teeth or 5-6 sextants	12
Behavior of Client**	Points
Definitely negative--unable to complete exam, client unable to cooperate due to lack of physical or emotional maturity, and/or disability	10
Somewhat negative--defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, refusal to take radiographs	4
Other behaviors such as moderate levels of fear, nervousness, and cautious acceptance of treatment should be considered as normal responses and are not indications for treatment under general anesthesia	0
** Requires that narrative fully describing circumstances be present in the client's chart	
Additional Factors**	Points
Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention**	15
Failed treatment attempt**	15
Medically compromising or handicapping condition**	15
** Requires that narrative fully describing circumstances be present in the client's chart	

Total: _____

Clients in need of general anesthesia who do not meet the 22-point threshold, by report, will require prior evaluation.

To proceed with the dental care and general anesthesia, this form, the appropriate narrative, and all supporting documentation must be included in the client's chart. The client's chart must be available for review by representatives of Arctic Dental.

PERFORMING DENTIST'S SIGNATURE: _____

DATE: _____

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