

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REVIEW FOR PARTIAL DENTURES**

1. Inmate Name: _____ DOC No.: _____
Facility: _____ Date of intake exam (reception): _____
Anticipated date of discharge (per Records Officer at the facility): _____
2. Date of complete exam, radiographs, and treatment plan: _____
3. Dates of plaque index documentation: a. _____ b. _____ c. _____
4. Date of completion of restorations: _____
5. Has inmate previously had partial(s) made by ODOC? YES NO (circle one)
If Yes, dates delivered: _____
Why is replacement needed? _____
6. If variation from ODOC OP-140124, pertaining to prerequisites to fabrication of partial dentures, explain: _____
7. What teeth oppose proposed partial? _____
8. What teeth will be replaced by partial dentures(s)? _____
9. Enclose full mouth radiographs in an x-ray envelope (or coin envelope) CLEARLY marked with inmate's name, DOC No., Facility name, Dentist's name. (These will be returned to you) Duplicate radiographs are acceptable, if appropriate quality. Enclose a copy of the plaque index form documenting plaque indices.
10. Send Review form and radiographs to:

Dr. Randy Holland, Chief Dental Officer
HMCC
19603 E. Whippoorwill Lane
Atoka, OK 74525

_____ Approved to proceed with partial.

_____ Not approved, do not proceed with partial. Reason: _____

If you feel that this requires additional review, resubmit review form with additional information on #6 to support your theory. Note that you are resubmitting with additional information with a cover letter.

Randy Holland, D.D.S., Chief Dental Officer

Date

DOC140124E (R 11/16)