

**OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR DENTAL EXCEPTION
OP-140124
(DENTURES)**

This is a two-page document. Fill out form completely, sign and date.

1. Inmate Name: _____ DOC. No.: _____
2. Facility: _____ Date of intake exam (reception): _____
What is anticipated date of discharge (per facility records personnel)?: _____
3. Date of complete exam, radiographs, treatment plan: _____
4. Has inmate previously had dentures (full or partial) made by DOC?: YES NO (circle one)
If yes, dates delivered (indicate F/, /F, P/, /P or combinations): _____

5. Does inmate have these dentures?: YES NO (circle one, answer appropriate question below)
 - a. If **YES**, why is replacement needed?: _____
Relines, rebase or repair were considered. YES NO (circle one) Cannot be used because: _____
 - b. If **NO**, where are the dentures?: _____
Is an incident documented? YES NO (circle one) Date: _____
How long has inmate been without dentures?: _____
6. Inmate's height: ____ft. ____in. Current weight: _____lbs.
(Within 1 week of submission of form)
Weight at intake exam or other weight taken 3-6 months prior to current weight: _____lbs.
7. If denture for one arch is requested, what opposes that denture?: _____

If opposing arch contains natural teeth, radiographs must be enclosed with form, with copy of treatment plan. Radiographs must be CLEARLY marked with inmate's name, DOC No., facility name, and dentist's name. (These will be returned to you)

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Inmate Name: _____ DOC. No.: _____

8. Chronic illnesses for which inmate is currently being treated:

a. Are illnesses controlled, per physician? YES NO (circle one)

b. Is inmate compliant with physician's advice? YES NO (circle one)

Physician's Signature: _____ Date: _____

Physician's Name (PRINT): _____

9. Dentist's Signature: _____ Date: _____

Dentist's Name (PRINT): _____

10. Send form with appropriate documentation to:

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

_____ Approved, proceed with denture.

_____ Not approved, do not proceed with denture.

Reason: _____

If you feel that this is unreasonable, please resubmit with a cover letter explaining the circumstances to support your theory.

This form is to be maintained in the inmate's chart in the Dental Services section (Section 5), whether approved or not.