

## REFERRAL FOR ORTHODONTIC TREATMENT

## Only OHCA DEN-2 is accepted. Any altered form by the provider will be rejected.

REFERRING DENTIST: ADDRESS:	
TELEPHONE: FAX: EMAIL:	
SOONERCARE MEMBER: SOONERCARE RID: ADDRESS:	
TELEPHONE:	
Dear Dr:	
Please evaluate this SoonerCare Member for compa 317:30-5-700, my patient has met the following requ	
MEMBER HAS HAD A CARIES FR	REE INITIAL VISIT;
	E TREATMENT, INCLUDING A SIX MONTH HYGIENE NO ADDITIONAL TREATMENTS ARE REQUIRED AND MONTHS; AND
IS IN GOOD GINGIVAL HEALTI	Н.
Member appears to meet medical need rules and is medically necessary criteria for comprehensive trea	eligible for a consultation. Please verify this patient meets the tment.
THANK YOU FOR SEEINGSOON.	, AND I ANTICIPATE HEARING FROM YOU
BEST REGARDS,	
Signature	Date
Requesting Dentist Name Printed	

## Instructions for the Oklahoma Health Care Authority Caries Risk Assessment Form

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = conditions present in combination of columns (no more than one high risk); High Risk = two or more conditions in the "High Risk" column present.

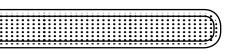
The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow-up patient; or other risk factors not listed may be present.

This assessment cannot address every aspect of a patient's health and is not a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. Finally, this assessment may be only a starting point for evaluating a patient's health status.

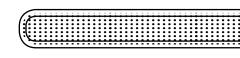
This modified caries risk assessment tool is for the use of SoonerCare dental partners. It was originated by the American Dental Association (ADA) for its members and is based on the opinion of experts who utilized the most up-to-date scientific information available. OHCA partner dentists are encouraged to complete and upload this information on a weekly basis through the secure Provider Portal.

OHCA is also interested in your opinions regarding the use of this form. Please contact the OHCA Dental Unit at 405-522-7401 to share your thoughts.

Provider Signature	
Patient, Parent or Guardian Signature	







## **CARIES RISK ASSESSMENT FORM**

Patient Name/Member ID:		Date:	
Birth Date:	Age:	Rendering Person's Initials:	:
	Che	eck the conditions that a	ipply •
Fluoride Exposure (e.g., through drinking water, supplements, professional applications, or toothpaste)	Low Risk Yes	Moderate Risk	High Risk
Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks and medicinal syrups)	Primarily at mealtimes	I – 2 between meal exposures/day	3 or more between meal exposures/day
Caries Experience of Mother, Caregiver and/or Other Siblings	No carious lesions in last 24 months	Carious lesions in last 18 months	Carious lesions in last
Dental Home (established patient of record, receiving regular dental care in a dental office)	Yes	No	
GENERAL HEALTH CONDITIONS Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)			
Drug/Alcohol Abuse	No		Yes
CLINICAL CONDITIONS  Cavitated or Non-cavitated Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months	I or 2 new carious lesions or restorations in last 36 months	3 or more carious lesions or restorations in last 36 months
Teeth Missing Due to Caries in Past 24 Months	No	Yes	
Heavy Plaque Accumulation	No	Yes	
Unusual Tooth Morphology that Compromises Oral Hygiene	No	Yes	
Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	No	Yes	
Dental/Orthodontic Appliances (fixed or removable)	No	Yes	
Severe Dry Mouth (Xerostomia)	No		Yes
OVERALL ASSESSMENT OF DENTAL CARIES RISK:	Low	Moderate	High
Patient Instructions:	<del></del>		