

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

1. Inmate Name: _____ ODOC #: _____
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
If yes, dates delivered: _____
Why is replacement needed? _____
6. If variation from ODOC OP-140124 entitled "Dental Services", pertaining to prerequisites to fabrication of partial dentures, explain:

7. What teeth oppose proposed partial? _____
8. What teeth will be replaced by partial dentures? _____
9. A full mouth set of digital x-rays should be available in the ODOC digital dental repository for review. Documented plaque index (DOC 140124B, attached), documents should be in the EHR for review.
10. Send Review form and radiographs to:

Paul Haines, D.D.S., Chief Medical Officer
Northeast Oklahoma Correctional Center
442586 E. 250 Road
Vinita, OK 74301

- 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.

Paul Haines, D.D.S., Chief Dental Officer

Date

DOC140124E
(R 11/21)