Please email referral, X-rays and
TX Plan to smile@capitalchildrens.com

Office: (301) 494-3000
Fax: (301) 494-3333
1220 Caraway Ct, Suite 1050b
Largo, MD 20774

Capital Children's
General Anesthesia Dentistry

Referral for Dental Treatment Under General Anesthesia

PATIENT NAME ______________________ PATIENT DOB ______________

PATIENT PHONE ______________________ PATIENT ALT PHONE ______________

PATIENT DENTAL INS. ______________________ DENTAL INS. SUBS # ______________

PRIMARY LANGUAGE ☐ English ☐ Spanish ☐ Other ______________

MEDICAL NECESSITY FOR ANESTHESIA (REQUIRED)

- ☐ Pt has documentation of failed in-office sedation (e.g. nitrous oxide)
- ☐ Pt is 2 – 7 years old AND in-office dental treatment could not be completed due to behavior
- ☐ Pt is 8 – 17 years old AND is extremely uncooperative/fearful/un-communicative AND has significant dental needs such that treatment should not be delayed AND in-office treatment is not appropriate
- ☐ Pt has developmental disability/medical condition that prevents in-office treatment
- ☐ Pt has impacted wisdom teeth
- ☐ Other circumstances (please describe in detail): ______________

EVALUATE FOR TREATMENT

- ☐ SSCs: ______________
- ☐ SSCs + Pulp: ______________
- ☐ Ext: ______________
- ☐ Fillings: ______________
- ☐ RCT (apex must be closed): ______________
- ☐ Notes ______________

RIGHT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

LEFT

X-RAY EMAILED ☐ Yes ☐ No TREATMENT PLAN EMAILED ☐ Yes ☐ No

REFERRING OFFICE ______________________ OFFICE PHONE ______________

PHYSICIAN RECOMMENDING GENERAL ANESTHESIA ______________________ SIGNATURE ______________

Patient authorization to release HIPAA information to CCDC (Patient signature):

______________________ DATE ______________

CynEx Consulting, LLC 10.2019
reorder at physicianreferralpads.com

Thank you for your referral!

www.CapitalChildrens.com

Scheduling Transportation to Appointment Through Medicaid

For those who have no other form of transportation, Medicaid will provide transportation to your appointment and back. When scheduling transportation, make sure you have your Medicaid ID number.

Virginia Medicaid
Reservation Line: 866-386-8331
Reserve at least 5 business days before appointment
(Ride reservations can be scheduled M-F from 6 a.m. to 8 p.m.)

Prince George's County, Maryland Medicaid
Reservation Line: 301-856-9555
Reserve at least 24 hours before appointment
(Ride reservations can be scheduled M-F from 8:30 a.m. to 4:30 p.m.)

Anne Arundel County, Maryland Medicaid
Reservation Line: 410-222-7152
Reserve at least 2 business days before appointment
(Ride reservations can be scheduled M-F from 8 a.m. to 2:30 p.m.)

Charles County, Maryland Medicaid
Reservation Line: 301-609-6923
Reserve at least 3 business days before appointment
(Ride reservations can be scheduled M-F from 8 a.m. to 4:30 p.m.)

Montgomery County, Maryland Medicaid
Reservation Line: 240-777-5899
Reserve at least 7 business days before appointment
(Ride reservations can be scheduled M-F from 8 a.m. to 12 p.m.)

DentaQuest DC Medicaid
Reservation Line: 866-796-0601
Reserve at least 3 business days before appointment
(Ride reservations can be scheduled M-F from 8 a.m. to 5 p.m.)

AmeriHealth / Avesis DC Medicaid
Reservation line: (800)-315-3485
Reserve at least 3 business days in advance.
(Ride reservations can be scheduled M-F from 8 a.m. to 5 p.m.)

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