
Prenatal Dental Referral Prescription

Patient Name: _____ **Date:** _____

Medical Record Number: _____

Reason for Services: Routine cleaning Evaluation and treatment*

*Findings on Medical Exam: _____

Medication Allergies: _____

Current Medications: _____

Significant Medical Problems: _____

TB test result: neg. _____ pos. _____ if positive, chest x-ray results _____

EDC (due date) _____ Current gestational age _____ weeks

Patient is approved for dental work including:

- x-rays with abdominal and thyroid shielding
- extractions and fillings
- local anesthesia including Lidocaine, etidocaine or Prilocaine
- antibiotic therapy if indicated: penicillin, cephalosporins, amoxicillin, clavulanic acid, clindamycin and erythromycin except the estolate form
- analgesia: acetaminophen and acetaminophen with codeine or oxycodone.

Nonsteroidal anti-inflammatory agents, such as ibuprofen and naproxen, may be given before the third trimester with caution.

Provider Signature _____

Name (print) _____

Phone # _____

Fax # _____



Dental Benefits for Pregnant Women on Medi-Cal

Evidence has shown an association between periodontal disease and adverse birth outcomes. Effective October 7, 2005 pregnant women with Presumptive Eligibility and restricted-scope Medi-Cal are eligible to receive limited non-emergency dental benefits:

Includes Aide Codes: OU, OV 3T, 3V 44, 48, 5F, 5J, 5R, 5T, 5W, 5Y, 55, 58 6U 7C, 7G *, 7K, 7N 8T *7G = Presumptive Eligibility aid code	010	Examination, initial episode of treatment only
	015	Examination, periodic*
	049	Prophylaxis*
	050	Prophylaxis*
	062	Prophylaxis with topical application of fluoride*
	452	Subgingival curettage and root planning/treatment**
	453	Occlusal adjustment/quadrant (limited)
	472	Gingivectomy or gingivoplasty/quadrant**
	473	Osseous and mucogingival surgery/quadrant**
	474	Gingivectomy or gingivoplasty treatment/tooth**
*Age limitations apply		
** Complete periodontal chart must be submitted with claim		

Dental providers must indicate "PREGNANT" in the comments area (box 34) of the claims form. Treatment Authorization Requests (TARs) should **not** be submitted.

Recipients are also eligible to receive emergency dental services. Claims must be submitted with a clinical emergency certification statement and other required documentation.

Sonoma County Dental Providers Accepting Medi-Cal (updated July 2008)

City/Area	Facility	Spanish	Phone	Comments
Cloverdale	Alexander Valley Regional Medical Center Dental Clinic	Yes	894-2094 894-1063 fax	Accepts Medi-Cal
Guerneville	Russian River Health Center Dental Clinic	Yes	869-2933 869-2663 fax	Accept pregnancy Medi-Cal
Healdsburg	Alliance Medical Center Dental Clinic	Yes	433-8161 433-0229 fax	Established patients only
Petaluma	Petaluma Health Center Dental Clinic	Yes	776-2722 776-2743 fax	Accept pregnancy Medi-Cal
Santa Rosa	St. Joseph Children's Dental Clinic	Yes	547-2221 547-2230 fax	SWCHC patients only; accept all patients for Dental Emergencies 7am M-F
	St. Joseph Mobile Dental Unit	Yes	547-2237 524-2473fax	Call for an appointment
	Santa Rosa Junior College Dental Clinic	*No	522-2844 522-2873 fax	Low-cost cleaning and hygiene *Bring interpreter if needed.
	Sonoma County Indian Health Dental Clinic	Yes	521-4600 521-4620 fax	Accept regular Medi-Cal only
	Western Dental: Farmers Lane	Yes	542-5200 579-3207 fax	Accept regular Medi-Cal only
	Western Dental: Montgomery Dr	Yes	537-2021 537-2025 fax	
San Francisco	University of California, San Francisco Dental Clinic	Yes	415-476-1891	