

Medical Necessity For for General/Moderate Anesthesia

Medicaid Number - _____

Patient - _____

DOB - _____

This year old male female presents for dental rehabilitation under general/moderate anesthesia. This treatment was recommended to be completed under general/moderate anesthesia due to:

Multiple Quadrants of dental caries/extensive treatment plan

Pre-cooperative age or mental maturity of patient

Inability to tolerate the procedure in the dental office setting/high anxiety and uncooperative

Pain

Poor effectiveness of local anesthesia

Proximity of nerve/complex anatomic management

Swelling

Infection

Complex medical history/special needs patient/developmental delays

Patient was uncooperative for initial exam/prophy

Other _____

Name _____

Signature _____