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, pertaining to prerequisites to fabrication of partial dentures, explain:
   ____________________________________________________________

7. What teeth oppose proposed partial? _________________________________

8. What teeth will be replaced by partial dentures(s)? ______________________

9. A full mouth set of digital x-rays should be available in the ODOC digital dental repository for review. Documented plaque index 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. 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 10/20)