

# Dental Referral Form for Pregnant Women

## SECTION A: PRENATAL PROVIDER TO COMPLETE (SEND TO DENTAL PROVIDER)

Patient Referred to: _____ Referral Date: _____ <i>(Dentist Name   Practice)</i>	
<b>Patient Information:</b>	
Name: _____ <i>(Last)</i> _____ <i>(First)</i>	
DOB: ____ / ____ / _____ <i>mm dd yyyy</i>	Estimated Delivery Date: ____ / ____ / ____ <i>mm dd yyyy</i>
Known Allergies and Precautions: <i>(Specify, if any)</i>	
<b>The following are considered safe during pregnancy:</b>	
<b>Dental Procedures:</b> Oral Examination Dental Prophylaxis Scaling and Root Planing Extraction Dental X-ray with Lead Shielding Local Anesthetic with Epinephrine Root Canal Restorations   Fillings	<b>Medications:</b> Amoxicillin Cephalosporins Clindamycin Metronidazole Penicillin Acetaminophen Acetaminophen with Codeine, Hydrocodone, or Oxycodone
Patient may NOT have: <i>(Specify)</i>	
<b>REFERRING PRENATAL PROVIDER</b>	
Name: _____ <i>(Please Print)</i>	Signature: _____
Date: _____	Phone #: (    )    -
Email: _____	Fax #: (    )    -

## SECTION B: DENTAL PROVIDER TO COMPLETE (RETURN TO PRENATAL PROVIDER)

<b>Diagnosis:</b>	
<b>Treatment Plan:</b>	
<b>DENTAL PROVIDER</b>	
Name: _____ <i>(Please Print)</i>	Signature: _____
Date: _____	Phone #: (    )    -

Oral health care is covered by Medicaid for pregnant women in Maryland.  
To find a dentist who accepts Medicaid, visit: [health.maryland.gov/oralhealth](http://health.maryland.gov/oralhealth)

Provided By:



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Permission is given to use this form, which can be found at: [health.maryland.gov/oralhealth](http://health.maryland.gov/oralhealth)