

18.10.2 Criteria for Dental Therapy Under General Anesthesia, Attachment 1

The following is medical dental policy regarding general anesthesia.

Purpose	To justify general anesthesia for dental therapy, the following documentation is required in the patient's dental record.
Elements	Please note those required (*) and those as appropriate (**)

- 1) * Patient's Demographics including Date of Birth
- 2) * Relevant Dental and Medical Health History
** including Medical Evaluation Justifying Relevant Medical Condition(s)
- 3) * Dental Radiographs, Intraoral/Perioral Photography, and/or Diagram of Dental Pathology
- 4) * Proposed Dental Plan of Care
- 5) * Signed Consent by Parent/Guardian giving permission for the proposed dental treatment and acknowledging that the reason for the use of general anesthesia for dental care has been explained.
- 6) ** Description of Relevant Behavior and Reference Scale
- 7) ** Other Relevant Narrative Justifying Need for General Anesthesia
- 8) * Completed Criteria for Dental Therapy Under General Anesthesia form
- 9) * The dentist's attestation statement and signature may be put on the bottom of the Criteria for Dental Therapy Under General Anesthesia form or included in the chart as a stand-alone form:

"I attest that the patient's condition and the proposed treatment plan warrant the use of general anesthesia. Appropriate documentation of medical necessity is contained in the patient's record and is available in my office."

REQUESTING DENTIST'S SIGNATURE: _____ DATE: _____