

Oklahoma Department of Corrections
REQUEST for DENTAL EXCEPTION
(DENTURES)

1. Inmate Name: _____ ODOC #: _____
2. Facility: _____ Date of intake exam (reception): _____
What is anticipated date of discharge (per facility records personnel)? _____
3. Date of complete exam, radiographs, treatment plan: _____
4. Has the inmate previously had dentures (full or partial) made by ODOC? ☐ Yes ☐ No
If yes, dates delivered (indicate F/, /F, P/, /P or combinations): _____

5. Does the inmate currently have dentures? ☐ Yes ☐ No (answer appropriate question below)
 - a. If **yes**, why is replacement needed: _____
Relines, rebase or repair were considered? ☐ Yes ☐ No
Cannot be used because: _____
 - b. If **no**, where are the dentures? _____
Is an incident documented? ☐ Yes ☐ No Date: _____
How long has the inmate been without dentures? _____
6. Inmate's height: _____ ft. _____ in. Current weight: _____ lbs. (Within 1 week of submission of form.)
Weight at intake exam or other weight taken 3-6 months prior to current weight: _____ lbs.
7. If denture for one arch is requested, what opposes that denture? _____
If opposing arch contains natural teeth, digital dental x-rays of the remaining dentition will be available in the ODOC digital dental repository for review.
8. Chronic illnesses for which the inmate is currently being treated: _____

 - a. Are chronic illnesses controlled per health care provider? ☐ Yes ☐ No
 - b. Is the inmate compliant with health care provider advice? ☐ Yes ☐ No

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name (PRINT): _____

Dentist's Signature: _____ Date: _____

Dentist's Name (PRINT): _____

Send form with appropriate documentation to:

Paul Haines, D.D.S., Chief Dental Officer
Northeast Oklahoma Correctional Center
442586 E. 250 Road
Vinita, OK 74301

TO BE COMPLETED BY CHIEF DENTAL OFFICER

- ☐ Approved, proceed with denture.
☐ Not approved, do not proceed with denture.

Reason: _____

Chief Dental Officer Signature: _____ Date: _____