

## Statement of Medical Necessity

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

This patient has a complex dental condition, which is likely to result in a medical condition if left untreated. Performance of the complex dental procedures requires MEDICAL PEDIATRIC ANESTHESIOLOGY services for patient cooperation, safety, relief of pain and distress. The dental conditions include:

Caries	521
Diseases of pulp and periapical tissues	522
Mottled teeth	520.3
Dental Extractions	D7140
Traumatic tooth loss	525.1

Previously attempted moderate sedation has failed and/or the child cannot cooperate during the extensive procedures

The child has, or may have, a developmental or emotional condition including:

Unspecified Anxiety	300
Overanxiousness specific to childhood	313
ADHD	314.01
Autism	299.00
Downs Syndrome	758.0
Developmental Delay	315.90
Cerebral Palsy	343.9

has one or more complicating medical conditions (please list):

Signature of patient's *pediatrician* \_\_\_\_\_

Print name of patient's physician \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of patient's *dentist* \_\_\_\_\_

Print name of patient's dentist Dr. \_\_\_\_\_ Phone # \_\_\_\_\_