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: ___________________