

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-06.7

SUBJECT: OUTSIDE DENTAL CONSULTATIONS OR TREATMENT
(Elective)

POLICY: There will be a mechanism in place for patients to seek elective dental treatment, which is not performed by the ODOC.

REFERENCE: NCCHC Standard P-E-06, Oral Care
OAR 291-124-0005 through 291-124-0095

PROCEDURE:

The inquiry regarding elective dental treatment must be initiated by an interview request from the inmate patient. The patient will then be scheduled to be seen by an ODOC staff dentist in order to substantiate the dental procedure in question. The ODOC dentist will then submit the case to the Therapeutic Levels of Care (TLC) committee for review. The ODOC dentist may also contact the Dental Director for phone or email approval if there is a need to expedite the elective treatment; however TLC review is still mandatory. If the patient is approved to receive the elective outside care, the institution Health Services Manager or designee will inform the patient in regards to the proper procedure to follow in order to acquire the requested treatment. The Health Services Manager or designee will also follow through to ensure that the correct forms are processed and proper appointments are made with outside providers.

Effective Date: _____
Revision date: April 2007
Supersedes P&P dated: March 2006

INSTITUTION NAME
STREET ADDRESS
CITY, STATE, ZIP

INTERDEPARTMENTAL MEMORANDUM
MEDICAL DEPARTMENT

TO: _____

FROM: _____

DATE: _____

SUBJECT: Purchase of Outside Dental Care

In accordance with the Health Services rule regarding purchase of care, the following is the procedure for you to purchase your own dental care.

First, I must have in your health care records a letter from your dentist which states the recognition that you are an inmate currently incarcerated and that this examination plus any additional examinations and/or treatments are not the responsibility of the Oregon Department of Corrections. Further, that the dentist understands that you will be responsible for all costs incurred in the provision of care through his/her office.

You must also provide me with a letter stating you will be responsible for all costs. The cost of the appointment, together with all costs for transport and escort fees, must be on your account in Central Trust at the Department of Corrections.

Attached are the two documents that must be completed by your dentist and by you. When both documents have been completed, forward them to the Clinic.

When final approval is given by the ODOC staff dentist and sufficient funds to cover the above costs are in your account, the Clinic will notify your counselor that you can make your appointment.

(PUT ON DOC/INSTITUTION LETTERHEAD)

(Date)

REQUEST FOR DENTAL CARE

I understand in providing dental care to _____
(Inmate Name)

for _____
(Services to be Provided)

the State of Oregon, Department of Corrections has no financial liability for the dental services rendered, and the above inmate or his/her family are totally responsible for all expenses associated with this service.

(Provider/Clinic Name)

(Address)

(Authorized Signature)

**AUTHORIZATION TO OBTAIN
OUTSIDE MEDICAL/DENTAL CARE
(AT INMATE EXPENSE)**

(Date)

I, _____, SID # _____, would like to purchase
(Inmate Name-Please Print)

dental care from an outside provider.

Provider Name: _____

Address: _____

(Inmate Signature)

This care is acceptable by me if the above inmate purchases this care in the community at their expense.

(Chief Medical Officer)