

Removable Prosthetic Prior Authorization Form

CLIENT NAME	CLIENT ID	DATE OF REQUEST
<p>The patient's treating dentist and denturist must complete and sign this form.</p> <p>This form must accompany any request for authorization for the following listed removable prosthetic services:</p> <ul style="list-style-type: none"> Diagnostic pre-TX radiographs must accompany the request for these services. Cast-metal partial denture requests may require post treatment radiographs on a case-by-case basis. 		
SERVICES REQUESTED		
<p><input type="checkbox"/> Resins partial denture</p> <p style="margin-left: 20px;"><input type="checkbox"/> D5211 <input type="checkbox"/> D5212</p> <p style="margin-left: 20px;">What teeth are being replaced?</p> <p style="margin-left: 20px;">Prognosis of remaining teeth is at least ____ years.</p>		
<p><input type="checkbox"/> Cast-metal partial denture</p> <p style="margin-left: 20px;"><input type="checkbox"/> D5213 <input type="checkbox"/> D5214</p> <p style="margin-left: 20px;">All restorative treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">All periodontal treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">What teeth are being replaced?</p> <p style="margin-left: 20px;">What is the name of the dentist that completed the restorative and/or periodontal services listed above?</p> <p style="margin-left: 20px;">Prognosis of remaining teeth is at least ____ years.</p>		
<p><input type="checkbox"/> Immediate denture</p> <p style="margin-left: 20px;"><input type="checkbox"/> D5130 <input type="checkbox"/> D5140</p> <p style="margin-left: 20px;">What teeth are being extracted?</p> <p style="margin-left: 20px;">What is the name of the dentist that recommended the remaining teeth be extracted?</p> <p style="margin-left: 20px;">What is the name of the dentist who will perform the extractions?</p> <p style="margin-left: 20px;">If replacing an existing denture, why does it need to be replaced?</p>		
DENTURIST SIGNATURE		DATE
REFERRING OR TREATING DENTIST SIGNATURE		DATE