

# Prenatal Dental Care Prescription

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_

Gestational Age today: \_\_\_\_\_ Due Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Precautions:  NONE  SPECIFY (If any): \_\_\_\_\_

**Please provide routine dental evaluation and care, which may include the following:**

- Dental x-ray with proper abdominal and neck lead shield (after 14 weeks gestation)
- Oral Health Examination
- Scaling and root planing
- Extraction
- Local anesthesia (**without** vasopressors, e.g. epinephrine)
- Antibiotics (**except** Tetracycline/Sulfa/Quinolones)
- Dental prophylaxis
- Root canal
- Restorations (amalgam or composite) filling cavities

**The use of the following are considered generally safe during pregnancy, if no drug allergy exists.**

Patient may have: (Check all that apply)

- Acetaminophen with codeine for pain control (Note: no NSAID's, e.g., ibuprofen, naproxen)
- Alternative pain control medication: (Specify) \_\_\_\_\_
- Penicillin/Amoxicillin
- Clindamycin
- Cephalosporins
- Erythromycin (Not estolate form)

**Please note that routine cleaning and plaque control can performed in ANY trimester and that the preferred time to treat active caries is between 13 to 30 weeks of gestation.**

Prenatal Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT HESITATE TO CALL FOR QUESTIONS**

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**DENTIST'S REPORT  
(Return to the Prenatal Care Provider)**

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Treatment Plan: \_\_\_\_\_  
\_\_\_\_\_

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_

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## Dental Benefits for Pregnant Women on Medi-Cal

Evidence has shown an association between periodontal disease and adverse birth outcomes. Effective October 7, 2005 pregnant women with Presumptive Eligibility and restricted-scope Medi-Cal are eligible to receive limited non-emergency dental benefits:

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Includes Aide Codes:

OU, OV,  
3T, 3V  
44,48,  
5F, 5J, 5R, 5T, 5W,  
5Y, 55, 58  
6U  
7C, 7G\*, 7K, 7N  
8T  
**7G\* = Presumptive  
Eligibility aid code**

010 Examination, initial episode of treatment only  
015 Examination, periodic\*  
049 Prophylaxis\*  
050 Prophylaxis\*  
062 Prophylaxis with topical application of fluoride\*  
452 Subgingival curettage and root planing/treatment\*\*  
453 Occlusal adjustment/quadrant (limited)  
472 Gingivectomy or gingivoplasty/quadrant\*\*  
473 Osseous and mucogingival surgery/quadrant\*\*  
474 Gingivectomy or gingivoplasty treatment/tooth\*\*

\* age limitations apply

\*\* complete periodontal chart must be submitted with claim

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Dental providers must indicate “PREGNANT” in the comments area (box 34) of the claims form. Treatment Authorization Requests (TARs) should **not** be submitted. Recipients are also eligible to receive emergency dental services. Claims must be submitted with a clinical emergency certification statement and other required documentation.

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Ventura County Dental Providers accepting Medi-Cal and providing prenatal dental care:

City/Area	Facility	Phone	Comments

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*In collaboration with the Child Health Disability Prevention (CHDP) and Childhood Oral Health Education Program (COHEP)*



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