

FLORIDA DEPARTMENT OF CORRECTIONS  
OFFICE OF HEALTH SERVICES

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HEALTH SERVICES BULLETIN NO. **15.04.01**

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SUBJECT: REFERRAL OF PATIENTS TO OUTSIDE DENTAL SPECIALISTS

EFFECTIVE DATE: 08/02/2021

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**I. PURPOSE:**

Department of Corrections dentists, with the exception of recognized specialists, are expected to provide a full range of dental services to the patients under their care, i.e., diagnostic, preventive, restorative, routine endodontics, routine periodontics, removable prosthodontics, fixed prosthodontics, routine oral surgery, and adjunctive general services. However, the need may arise for a patient to be referred to a specialist for advanced or complicated dental care. Examples consist of: complicated endodontics, advanced periodontics, complicated/advanced oral surgery, adjustments/follow-up to existing orthodontic appliances, and treatment of existing implants, temporomandibular joint (TMJ) therapy and facial pain patients.

*These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.*

**II. PROCEDURE FOR REQUESTING SPECIALIST DENTAL REFERRALS:**

- A. A written [DC4-702](#), *Consultation Request/Consultant's Report* is to be completed documenting the reason for referral. The completed consultation sheet must indicate whether the referral is emergency, urgent or routine.
- B. Pertinent sections of [DC4-669](#), *Request for Pre-Approval of Health Care Services* are to be completed.
- C. The Senior Dentist at the referring institution is to send the complete referral package including necessary radiographs to the vendor's Regional Dental Director for approval. Only a Florida licensed Dentist may approve/disapprove dental consults/referrals.
- D. Once approved, the vendor's Regional Dental Director is to forward the package to the vendor's appropriate utilization management person for processing.

**NOTE:** The inmate should only be advised that s/he is scheduled for movement and will not be given further information regarding appointment times, as such information may create an escape risk.

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**III. IMPLEMENTATION DATE:**

Each institution will implement this health services bulletin no later than 30 days after signature.

**IV. ASSOCIATED FORMS:**

A. [DC4-669](#), *Request for Pre-Approval of Health Care Services*

B. [DC4-702](#), *Consultation Request-Consultant's Report*

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Health Services Director

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Date

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This Health Services Bulletin Supersedes: HSB dated 12/11/88, 1/10/89, 5/1/89, 5/1/90,  
7/7/92, 10/27/97, 3/6/01, 07/08/11, 10/08/14, 11/17/2017,  
AND 12/15/2019

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