

Michigan Geriatric Dental Care

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AUTHORIZATION FOR DENTAL SERVICES

DENTAL

In an effort to provide comprehensive health care to our residents, we have contracted with Michigan Geriatric Dental Care to perform medically necessary dental care. He/She will provide dental examinations as ordered by the attending physician. He/She will bill the resident's insurance when appropriate and the responsible party when necessary. Other than an examination, the dentist will contact the resident and/or responsible party for approval of payment prior to any dental work being completed.

I wish to use the services of the Facility's contracted dentist as ordered by my attending Physician.

I do not wish to use the services of a dentist.

In the event that treatment is required by the dental professional noted above, the dentist should contact the individual (named) below to discuss care and treatment:

SIGNATURE OF RESIDENT AND/OR RESPONSIBLE PARTY

DATE

PRINTED NAME OF RESIDENT AND/OR RESPONSIBLE PARTY