EMADENTAL
Maxillofacial Prosthetics

16 Gerrard Avenue • East Longmeadow, MA 01028
(413) 731-8800 • FAX (413) 731-8815

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(413) 584-4900 • FAX (413) 584-9524
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Radiation Patient Referral

Thomas J. Vergo, DDS, FAAMP • Maxillofacial Prosthodontist

Catherine Cagino, DDS, MS • Maxillofacial Prosthodontist

Patient Information

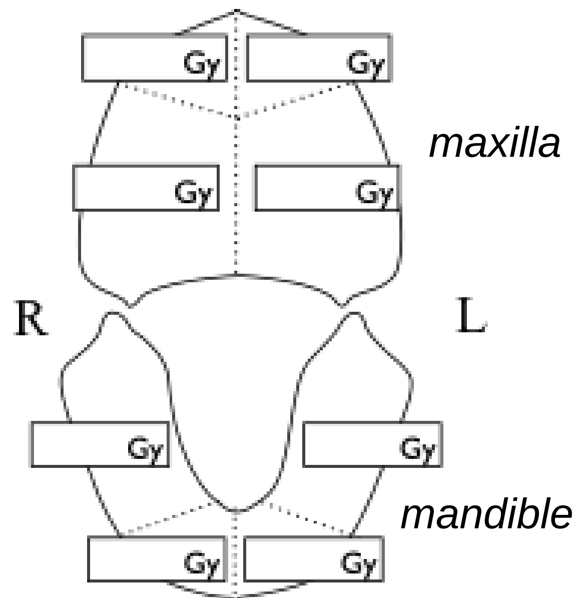
Patient Name: _________________
Date of Birth: _________________
Patient Phone:_________________
Patient Email: _________________
Insurance:_____________________
____
MRN:________________________
Diagnosis/Staging:______________
____
____
____
ICD-10 Diagnosis Code: ________
____
Summary Medical/Surgical History:
____
____
____

Referral Information

Hospital/Office:_________________
____
Referring Physician: _____________
____
Phone/Pager/Email: _____________
____

Planned Therapeutic Dose

Please indicate proposed dose to tooth bearing quadrants



Reason for Referral

☐ Pre Radiation Consult
☐ Post Radiation Consult

Treatment Modality:

☐ IMRT
☐ Chemo
☐ Brachytherapy
☐ Other

Anticipated Xerostomia

☐ Mild
☐ Moderate
☐ Severe

Maxillofacial Prosthetic Services

- ☐ M99205 Maxillofacial Prosthetic exam
- ☐ M99215 Follow up exam
- ☐ M77332 Fluoride trays
- ☐ M70320 Full mouth dental radiographs
- ☐ M70355 Panoramic radiograph
- ☐ M77334 RT tongue depressor
- ☐ M77334 RT tongue deviator (Right or Left)
- ☐ M77334 RT Shield
  *Please describe below
- ☐ M77334 Tissue compensator appliance
  *Please describe below
- ☐ M77334 Brachytherapy appliance*
  *Please describe below
- ☐ 21085 Surgical Splint
- ☐ 21076 Immediate Surgical Obturator
- ☐ 21079 Interim Obturator
- ☐ 21080 Definitive Obturator
- ☐ 21081 Mandibular Resection Prosthesis
- ☐ 21082 Palatal Augmentation Prosthesis
- ☐ 21083 Palatal Lift Prosthesis
- ☐ 21084 Speech Aid
- ☐ 21077 Orbital Prosthesis
- ☐ 21086 Auricular Prosthesis
- ☐ 21087 Nasal Prosthesis
- ☐ 21079 NAM Appliance
- ☐ 21089 Unlisted Maxillofacial Prosthetic Procedure

Generally, pre-radiation patients require a maxillofacial prosthetic exam, fluoride trays, full mouth dental radiographs, and/or a panoramic radiograph. The anticipated radiation dosing and the patients existing dental condition strongly influence if pre-radiation dental treatment is advised. Patients with removable dentures should bring them to their appointment.
If you have any questions please feel free to contact us directly.

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Additional Comments

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