EMADENTAL
Maxillofacial Prosthetics

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

64 Gothic Street • Northampton, MA 01060
(413) 584-4900 • FAX (413) 584-9524
emadental.com

Surgical Patient Referral

Thomas J. Vergo, DDS, FAAMP • Maxillofacial Prosthodontist

Catherine Cagino, DDS, MS • Maxillofacial Prosthodontist

Patient Information

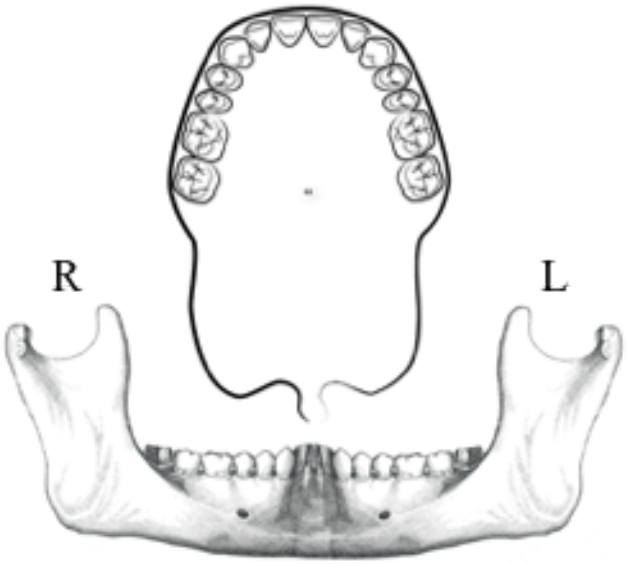
Patient Name: _____
Date of Birth: _____
Patient Phone:_____
Patient Email: _____
Insurance:_____
_____
MRN:_____
Diagnosis/Staging:_____
_____
_____
_____
ICD-10 Diagnosis Code: _____
_____
Summary Medical/Surgical History:
_____
_____
_____

Referral Information

Hospital/Office:_____
_____
Referring Physician: _____
_____
Phone/Pager/Email: _____
_____
Surgery Date: _____
Surgeons: _____

Planned Resection

Please outline proposed resection below.
Please indicate which teeth will be spared.



Reason for Referral

☐ Pre Surgical Consult
☐ Post Surgical Consult
☐ Other

Planned Surgery

☐ Maxillectomy
☐ Mandibulectomy
☐ Osteocutaneous Reconstruction
☐ Nasal, Auricular, Orbital Resection

Stent Requested

☐ Immediate Surgical Obturator
☐ Occlusion (bite) Stent
☐ Facial prosthesis
☐ Other

Other Planned Treatment

☐ Radiation Therapy
☐ Chemotherapy
☐ Other

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-surgical patients require a maxillofacial prosthetic exam, fluoride trays, full mouth dental radiographs, and/or a panoramic radiograph. If radiation therapy is planned as well, the anticipated radiation dosing and the patients existing dental condition strongly influence if pre-surgical or 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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