

7. Is the member on parenteral/enteral nutritional supplements? Yes No

If YES, a plan of care to wean the member from the nutritional supplements must be attached. If the plan of care is not provided, dentures, partials, relines, and repairs will be denied.

8. Brief dental/medical history:

Signature of requesting dentist

Date of submission

(Original signature or signature stamp required.)

The above sections must be completed, or the request will be rejected.

See the [IHCP Quick Reference Guide](#) for information about where to mail this form.