

**RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY**  
**REVIEW REQUEST FORM**

Date of Request: \_\_\_\_\_

Request for (check one):

\_\_\_\_ Addition                      \_\_\_\_ Deletion

**FOR OMB-GC USE ONLY**

\_\_\_\_\_ Date Request Received  
\_\_\_\_\_ Date of Care & Treatment Cmte.  
\_\_\_\_\_ Review/Action (*Approved?* \_\_\_\_ Yes \_\_\_\_ No)  
\_\_\_\_\_ Date of Miami-Dade HIV/AIDS Partnership  
Review/Action (*Approved?* \_\_\_\_ Yes \_\_\_\_ No)

- (1) Current Dental Terminology (CDT) code and description of dental procedure:  
\_\_\_\_\_  
\_\_\_\_\_
- (2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Should there be any restrictions on the use/availability of this procedure?  Yes  No  N/A  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- (4) Please indicate your reason for this request:  
 New dental procedure available  
 Dental procedure no longer used  
 Change in dental code – The replacement code is \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
- (5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (6) I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's ad-hoc Oral Health Care Workgroup, which meets as needed.

Print Name: \_\_\_\_\_  
Phone/Pager: \_\_\_\_\_  
Dental Clinic Site: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Dentist's signature)  
\_\_\_\_\_  
(Dentist's License #)

**Please forward this request to (do not include client identifying information):**

**Carla Valle-Schwenk**  
**Program Administrator**  
**Miami-Dade County Office of Management and Budget-Grants Coordination**  
**Ryan White Program**  
**111 N.W. 1<sup>st</sup> Street, 22<sup>nd</sup> Floor**  
**Miami, Florida 33128**  
**Telephone (305) 375-4742 / Fax (305) 375-4454**  
**Electronic mail: [carla.valleschwenk@miamidade.gov](mailto:carla.valleschwenk@miamidade.gov)**