

Schedule and Method of Implementation of Cal/OSHA Bloodborne Pathogens Standard Requirements

Retain a copy of the blank form. Place completed form after page EC-4 of the Exposure Control Plan.

Requirement	Schedule and Method* of Implementation
<p>Methods of Compliance</p> <ul style="list-style-type: none"> • Standard (includes universal) precautions • Engineering and work practice controls (general) • Engineering and work practice controls (needleless systems and sharps with ESIP) • Personal protective equipment. 	<p>Date completed or updated: _____</p> <p>Description and comments:</p>
<p>HIV, HBV, HCV Research Laboratories and Protection Facilities</p>	<p>Not applicable because this is a dental office.</p>
<p>HBV Vaccination and Post-Exposure Evaluation and Follow-up</p>	<p>Date completed or updated: _____</p> <p>Description and comments: _____</p>
<p>Communication of Hazards</p> <ul style="list-style-type: none"> • Labels and signs • Information and training 	<p>Date completed or updated: _____</p> <p>Description and comments:</p>
<p>Recordkeeping</p> <ul style="list-style-type: none"> • Medical records • Training Records • Sharps injury log • Availability • Transfer of records 	<p>Date completed or updated: _____</p> <p>Description and comments:</p>

*Methods include lecture, in-office training, videotape/DVD, etc.

Confidential Employee Medical Record

_____ [Practice Name]
 _____ [Address]
 _____ [Address]

Employee Name _____

Employee Address _____

Job Title _____ Last 4 digits of SSN _____

Employment Start Date _____ Employment End Date _____

HBV Vaccination

- Accepted vaccination series
 - Vaccination provided by _____ on these 3 dates:
 1. _____ 2. _____ 3. _____
 - Post-vaccination testing conducted on (date):
 Testing result: Antibodies present Revaccination necessary
 - 2nd vaccination series provided by _____ on these 3 dates:
 1. _____ 2. _____ 3. _____
 - 2nd post-vaccination testing conducted on (date): _____
 Testing result: Antibodies present Referred for health counseling
- Declined vaccination and has signed Informed Refusal Form
 - Has already received the complete series
 - Antibody testing is positive
 - Vaccination is medically contraindicated.
- Employee has no exposure potential

Items to keep with this record:

- Copy of completed Employee Accident/Body Fluid Exposure and Follow-Up forms
- Documented refusal of Post-Exposure Medical Evaluation, if any
- Written Opinion of Health Evaluator
- Records of individual exposure monitoring for radiation and chemical vapors

Event Log

Date(s) of Event EVENT TYPE: Accident/Exposure Incident/Exposure Monitoring/Other (describe)

Informed Refusal For Hepatitis B Vaccination – Confidential

I, _____ am employed as a _____.

My employer, _____, has provided training to me regarding the hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signature

Date

Name

Address

Witness

Date

Maintain this record for duration of employment plus 30 years.

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Housekeeping Schedule/Protocol

Month/Year: _____

Disposable impervious barriers are used to protect clinical contact surfaces that are manufactured in a manner that prevents cleaning and disinfection. The barriers are changed when visibly soiled or damaged, and between patients.

Clinical contact surfaces not protected by impervious barriers are cleaned first, then disinfected immediately or as soon as feasible when:

- Surfaces are visibly contaminated or there is a spill of blood or other potentially infectious material (OPIM).
- Patient procedure is completed.
- Work surfaces become contaminated since the last cleaning.

Surfaces are cleaned, then disinfected using a Cal/EPA-registered hospital disinfectant labeled effective against HBV and HIV (low-level disinfectant). When the surface is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim is used.

Product label instructions for all cleaning products and germicides are followed. Handling and storage instructions on the safety data sheets are followed.

Floors, walls, and sinks are cleaned using: *(check one)*

- Detergent and water Cal/EPA registered, hospital grade disinfectant

Daily Tasks:	Week _____	Week _____	Week _____	Week _____
Mix chemical disinfectants	M T W T F	M T W T F	M T W T F	M T W T F
Purge dental unit water lines with air or flush with water for at least 2 min at beginning of the day and for at least 20 seconds between each patient	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F

Clean and Disinfect (or Change Barriers) At The End Of Each Patient Treatment:

Item:	Week ___	Week ___	Week ___	Week ___
Dental chair/cart	M T W T F	M T W T F	M T W T F	M T W T F
Light handles and switches	M T W T F	M T W T F	M T W T F	M T W T F
Counter surfaces	M T W T F	M T W T F	M T W T F	M T W T F
Cabinet doors and handles	M T W T F	M T W T F	M T W T F	M T W T F
Computer keyboard and mouse	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F

Clean and Disinfect At The End Of Each Day (or More Frequently If Needed):

Item:	Week ___	Week ___	Week ___	Week ___
Dental chairs /carts	M T W T F	M T W T F	M T W T F	M T W T F
Vacuum lines	M T W T F	M T W T F	M T W T F	M T W T F
Counter surfaces	M T W T F	M T W T F	M T W T F	M T W T F
Light handles and switches	M T W T F	M T W T F	M T W T F	M T W T F
Outside of film processor	M T W T F	M T W T F	M T W T F	M T W T F
Door handles	M T W T F	M T W T F	M T W T F	M T W T F
Cabinet doors and handles	M T W T F	M T W T F	M T W T F	M T W T F
Computer keyboard and mouse	M T W T F	M T W T F	M T W T F	M T W T F
Ultrasonic cleaner	M T W T F	M T W T F	M T W T F	M T W T F
Sink and faucet	M T W T F	M T W T F	M T W T F	M T W T F
Outside of sterilizer	M T W T F	M T W T F	M T W T F	M T W T F
Outside of cold sterile	M T W T F	M T W T F	M T W T F	M T W T F
Lab equipment and surfaces	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F

Items To Clean and Disinfect On A Regular Basis *(at least weekly):*

	Week ___	Week ___	Week ___	Week ___
Floors/Walls	M T W T F	M T W T F	M T W T F	M T W T F
Waste receptacles	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F
_____	M T W T F	M T W T F	M T W T F	M T W T F

The Following Are To Be Cleaned and Disinfected On A Monthly Basis:

- Inside of cabinets _____
- Inside of drawers _____



Sharps Injury Log

Injury:	Instructions: Complete this form within 14 days of an exposure incident that involves a sharp. An exposure incident is when an employee's eyes, mouth, non-intact skin or mucous membrane is exposed to another individual's blood or saliva. This log must be kept for five (5) years following the date of the exposure incident. Record the following information if known. Identity of the employee must be kept confidential.
Time of Injury:	
Type of sharp:	<input type="checkbox"/> bur <input type="checkbox"/> syringe needle <input type="checkbox"/> ortho wire <input type="checkbox"/> endo files <input type="checkbox"/> unknown <input type="checkbox"/> blades <input type="checkbox"/> explorer <input type="checkbox"/> broken carpule <input type="checkbox"/> broken glass <input type="checkbox"/> scaler tips <input type="checkbox"/> knife <input type="checkbox"/> suture needle <input type="checkbox"/> other/specify: _____
Brand of sharp:	_____ <input type="checkbox"/> unknown
Description of exposure incident	<input type="checkbox"/> intra orally <input type="checkbox"/> extra orally
Job classification of injured employee	<input type="checkbox"/> dentist <input type="checkbox"/> hygienist <input type="checkbox"/> lab tech <input type="checkbox"/> assistant <input type="checkbox"/> other _____
Department/work area where the incident took place	<input type="checkbox"/> operatory <input type="checkbox"/> unknown <input type="checkbox"/> laboratory <input type="checkbox"/> instrument processing room <input type="checkbox"/> other _____
Procedure performed at time of injury	<input type="checkbox"/> cleaning sharp <input type="checkbox"/> handling sharp during patient treatment <input type="checkbox"/> handling sharp during tray setup <input type="checkbox"/> assembling/disassembling handpiece <input type="checkbox"/> giving injection <input type="checkbox"/> unknown <input type="checkbox"/> placing sharp in sharps container <input type="checkbox"/> other _____
How did injury occur?	<input type="checkbox"/> failure of protective device <input type="checkbox"/> lost control of sharp or mechanism <input type="checkbox"/> sharp was not visible <input type="checkbox"/> inattention/distraction <input type="checkbox"/> inexperience w/device <input type="checkbox"/> in a rush <input type="checkbox"/> inexperience w/procedure <input type="checkbox"/> position of sharp on tray or cart <input type="checkbox"/> inflicted by a co-worker <input type="checkbox"/> location of tray or cart <input type="checkbox"/> other _____
Body part exposed:	<input type="checkbox"/> finger/thumb <input type="checkbox"/> hand <input type="checkbox"/> arm <input type="checkbox"/> face <input type="checkbox"/> other _____
Did the sharp have a protective device or mechanism?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
If yes, was the protective device or mechanism activated?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did injury occur before, during or after protective device or mechanism was activated?	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> Unknown
Injured employee's opinion: If there is no protective device or mechanism, would such a mechanism or device prevent injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
If yes, how would such a device or mechanism have prevented the injury?	
Injured employee's opinion: What could have prevented injury?	

Medical Waste Management And Disposal Plan

[Practice Name]
[Address]
[Telephone Number]

This plan describes the medical waste management and disposal procedures of this dental practice. It contains information required by the California Medical Waste Management Act, Health and Safety Code Sections 117600-118360. The Act is enforced by a designated local enforcement agency. This dental practice is registered as a small-quantity medical waste generator with the local enforcement agency.

(Go to this state Department of Public Health Web site for application form and list of local enforcement agencies, <http://www.cdph.ca.gov/certlic/medicalwaste/Pages/Generators.aspx>. Please refer to the "Waste Management Guide" and "Frequently Asked Questions" sections of the CDA Regulatory Compliance Manual for additional information on the management of regulated medical waste. This information is available on cda.org/compass.)

The individual in this dental practice who is responsible for medical waste management is:

I. Definitions

A. Medical waste means any waste that is either biohazardous waste or sharps waste, and is generated or produced by the diagnosis, treatment, or immunization of human beings or animals.

1. Biohazardous waste consists of:

- Containers, equipment, or disposable items (red-bag waste), which, at the point of transport from the generator's site, at the point of disposal, or thereafter, contain recognizable fluid blood or blood products or that drip blood or body fluids when compressed, or flake dried blood when shaken, e.g. dressings, gauze, cotton rolls.
- Human surgery tissues.
- Pharmaceutical wastes (except controlled substances).
- Laboratory waste from medical, pathology, research, and industrial laboratories.

2. Sharps Waste means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to needles, syringes, blades, endo files, burs, anesthetic carpules that have been contaminated with blood or other body fluids, broken glass items, etc.

B. Solid Waste: Medical waste does not include waste that is not biohazardous such as paper towels, paper products, articles containing nonfluid blood, and other medical solid waste products commonly found in the facilities of medical waste generators.

Note: With respect to extracted teeth, Cal/OSHA does not prohibit dentists from giving patients back their own extracted teeth. The California Medical Waste Management Act mandates that only teeth deemed infectious by the dentist must be disposed of as medical waste. Therefore, it is up to the dentist to decide if the extracted materials are infectious. If the materials are deemed infectious by the attending dentist, then the waste should be considered regulated medical waste and should be disposed as "red-bag" waste.

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Teeth in the office that are deemed non-infectious by the attending dentist should be wiped down with an appropriate surface disinfectant and then either given back to the patient, donated to medical research, or discarded as regular solid waste.

Teeth containing amalgam or other heavy metal should never be discarded as regulated medical waste or solid waste and should be managed either as universal waste or hazardous waste.

II. Management of Solid Waste

Solid waste includes items that do not drip blood or saliva when compressed (bibs, gloves, gauze, cotton rolls, etc.). These items are not considered "regulated medical waste" as defined above and may be disposed as regular solid waste. Such items should be disposed in regular solid waste containers. The regular solid waste containers should not be labeled.

III. Management of Regulated Medical Waste

Regulated medical waste in a dental office includes biohazardous wastes and sharps wastes.

A. Biohazardous red-bag waste

Containers for Biohazardous Red-Bag

These containers are located _____

Stored red bags are tied to prevent leakage or expulsion of contents during storage, handling, or transport.

The containers that hold the red bags are:

- Leak-proof.
- Rigid.
- Bag must be red and labeled "Biohazardous Waste" with labels fluorescent orange or orange-red and letters and symbol in a contrasting color.
- Container - labeled "Biohazardous Waste"; no specific color required for the container itself.
- Closeable with tight-fitting lid.
- Must be shipped out of the office every (*check the box applicable to the practice*):

- 7 days (>20 lbs. waste generated/month)
- 30 days (<20 lbs. waste generated/month, stored above 0°)
- 90 days (<20 lbs. waste generated/month, stored below 0°)

B. Biohazardous pharmaceutical waste (does not include controlled substances)

Containers for Pharmaceutical

These containers are located _____

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The containers are:

- Leak-proof.
- Closeable with tight-fitting lids,
- Labeled "Incineration Only" on the lids and on the sides.
- Must be shipped out of the office every (*check appropriate box*):

- 90 days (>10 lbs. generated/year)
- 1 year (<10 lbs. generated/year)

Sharps waste

Containers for Sharps Waste

These containers are located _____

The containers are:

- Closeable and difficult to reopen after sealing shut.
- Puncture resistant.
- Leak-proof on sides and bottom.
- Labeled "Biohazardous Waste" or "Sharps Waste," with labels fluorescent orange or orange-red and letters and symbol in a contrasting color; no color preference for sharps container itself.
- Easily accessible to immediate area of use.
- Maintained upright.
- Replaced routinely, not overfilled.
- Shipped out of the office within 30 days of filling (3/4 full or at fill line).

Handling of Sharps Waste: Handle all sharps in a manner to prevent accidental punctures and personal contamination. Needles should never be bent or cut during disposal. Never put hands into a container for contaminated sharps.

- Check if the following statement is applicable:* This practice combines all types of medical waste in one container which is either picked up or shipped within 30 days of the date waste is first placed in the container.

IV. Disposal of Regulated Medical Waste

There are options available for medical waste disposal. In this office the disposal of regulated medical waste is by: (*check appropriate boxes and complete information*)

- CDPH-approved mail back system for (check appropriate box or boxes)
- sharps biohazardous red-bag waste biohazardous pharmaceutical waste

Company name _____

Company address _____

Company telephone number _____

Quantity of waste disposed _____

Records are kept: _____

- A CDPH-registered pick-up service for (check appropriate box or boxes)
- sharps biohazardous red-bag waste biohazardous pharmaceutical waste

Company name _____

Company address _____

Company telephone number _____

Quantity of waste disposed _____

Records are kept: _____

Waste vendor's receipts must be retained for no less than three (3) years.

- Treatment: Regulated medical waste may be treated using CDPH-approved methods or using sterilization. Note that unless the treatment methodology is designated as "permit-exempt," then the treatment of medical waste will require a CDPH treatment permit. Please check applicable box(es):

- Isolysr Sharps Management System for sharps disposal is used (no permit required).
- Other CDPH-approved method is used (permit required; describe method):

- Self-hauling: Dental office owner or staff may transport medical waste to a permitted medical waste treatment facility, a transfer station, or other health care facility for the purpose of consolidation before treatment and disposal, under the following conditions:

- The office generates less than 20 pounds of medical waste per week and transports less than 20 pounds of medical waste at a time;
- The office is registered as a small quantity medical waste generator;
- A tracking document or log is maintained for three years. The document or log contains the name of the person transporting the waste, the number of containers and the type of medical waste, and the date of transport.
- A limited-quantity hauling exemption has been granted by the enforcement agency. The exemption is valid for one year.

Facility name _____

Facility address _____

Facility telephone number _____

Quantity of waste disposed _____

Disinfection with a disinfectant, followed by encasement in dental stone is NOT legal in California.

A log of medical waste treatment and disposal is maintained.

V. Special Storage Consideration For Regulated Medical Waste

A. Common Storage Facility *(check applicable box)*

- This office does not use a common storage facility for its medical waste.
- A common storage facility is used by this office and other dental and medical offices in this building:

A permit for this common storage facility is required and is held by *(name, address and telephone number of dental or medical office, registered hazardous waste transporter, property owner, or property management firm)*:

- This office holds the permit for a common medical waste storage facility. A separate Medical Waste Management Plan has been prepared for the facility. The permit, plan and a list of the small quantity waste generators who use the storage facility are filed (describe location):

The list of small quantity generators includes their suite number, telephone number, and name of the contact person.

B. Accumulation/Interim Storage Area *(check applicable box)*

- This office does not use an accumulation/interim storage area for its medical waste.
- This office uses an area to accumulate and store medical waste containers prior to pick-up or transportation for disposal. The area is *(choose one)* locked under supervision or surveillance or otherwise secured to deny access to unauthorized individuals. The area has warning signs in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA—UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO—ZONA DE RESIDUOS—BIOLÓGICOS." An outdoor enclosure or designated accumulation area is protected from animals and natural elements and will not provide a breeding place or a food source for insects or rodents.

Checklist for Medical Waste Disposal

1. Equipment:

- If used, a CDPH-approved sharps treatment system.
- If used, a CDPH-approved mail-back systems.
- Appropriate and labeled containers for biohazardous, sharps, and pharmaceutical wastes.

2. Employee Training Checklist

- Informed of the person responsible for medical waste management in the office.
- Instructed in the proper management of all regulated medical waste.
- Informed that the term “sharps” includes needles, syringes, blades, and anesthetic carpules contaminated with blood or other bodily fluids.
- Instructed not to place recognizable human tissues into solid waste containers.
- Instructed not to place extracted teeth with amalgam fillings, hazardous wastes, universal wastes, or recyclable metals into medical waste containers.

Medical Waste Management and Disposal Plan Individual Training Documentation

_____ [Practice Name]

Name of Trainer: _____

Training Subject: Medical Waste Management and Disposal Plan

Training Materials Used: _____

Name of Employee: _____

Date of Hire/Assignment: _____

I, _____ hereby certify that I received training as described above.
I understand this training and agree to comply with the safety procedures for my work area.

Employee Signature

Date

Copy this blank page for each employee who will be trained. Make additional copies for future employees. Place a completed copy in employee personnel file or other appropriate employee file.

Identification, Evaluation and Selection of Engineering and Work Practice Controls

At least annually, staff must evaluate the effectiveness of the practice's procedures and safety devices in preventing injuries. Staff may propose changes to engineering and work practice controls. Sharps with engineered sharps injury protection features may be considered. Suggestions for change may be made at any time.

Review Date: _____

Describe problems with current procedures and the proposed change	Describe if the proposed change was evaluated and implemented and if not, why not.	Change was suggested by:

Employee Accident/Body Fluid Exposure and Follow-Up Form

Employee Name: _____ Employee date of birth: _____

Report Date: _____ Incident date: _____ Time of incident: _____

Where did the accident occur? _____

Witness names: _____

Details of Accident/Exposure

Describe what the employee was doing at the time of the accident/exposure. Be specific and identify instruments, equipment, or material the employee was using:

Object or substance that injured employee: _____

Was a sharp involved? No Yes If yes, indicate type of sharp _____
If yes, complete a Sharps Injury Log form.

Nature of injury or illness and body part affected: _____

If it is an exposure to blood or saliva, what is the name of the source patient? _____

Does source patient agree to testing? Yes No *If no, complete the form titled Confirmation of Source Patient's Denial for Testing.*

Medical Treatment

First aid or medical treatment provided on site? Yes No

Seen by medical care provider? Yes No If yes, name of medical care provider: _____

Medical care provider's instructions, if any:

Was employee able to work after injury? Yes No

Cause of Accident/Exposure

Check one: Improper procedure Inattention Haste Attire Other : _____

Due to malfunction of object/substance? Yes No Explain: _____

Due to unsafe act? Yes No Explain: _____

Due to unsafe condition? Yes No Explain: _____

Was safety equipment required? Yes No Was safety equipment used? Yes No

Describe: _____

Corrective Action

The following corrective actions should be taken to assure that the incident does not happen again:

Employee Signature _____ Date signed _____

Report prepared by (print & sign name): _____ Date signed _____

Dental Sharps

Reviewed and updated [date]

Instruction: See section II of the Exposure Control Plan for information on terms and exceptions.

Type/Brand(s) of sharp: _____

This sharp is used for these dental procedures: _____

This sharp does does not have an “engineered sharps injury protection” feature. If it does not, this dental office uses the following exception allowed by Cal/OSHA:

- 1. This type of sharp with an engineered sharps injury protection feature is not available in the marketplace as determined by the research process as described in Section II of the Exposure Control Plan.
- 2. Use of sharp with an engineered sharps injury protection feature jeopardizes patient safety or the success of the dental procedure. This has been demonstrated by:

Name of employees who participated in the evaluation: _____

- 3. Use of sharp with an engineered sharps injury protection feature is not more effective in preventing exposure incidents as demonstrated by:

Name of employees who participated in the evaluation: _____

- 4. No reasonable specific and reliable safety performance information is available for the sharp with an engineered sharps injury protection feature, and the office is actively determining by means of objective product evaluation criteria whether it will reduce the risk of exposure incidents.

If this type of sharp is available in the marketplace with an engineered sharps injury protection feature.

Name of brands: _____

This type of sharp was involved not involved in an exposure incident documented on the Sharps Injury Log. If involved in an exposure incident, the estimated frequency with which this sharp is used is _____ times weekly monthly.

(Refer to pages EC-9 to EC-11 of the Exposure Control Plan for information on estimating frequency of use.)

Confirmation of Source Patient's Denial for Testing

Confidential

[date]

Dear [Mr./Ms.Source Patient]

RE: Refusal to consent for testing to determine HBV and HIV infectivity

I have informed you regarding the exposure incident that occurred to one of my employees involving your blood or other potentially infectious materials during your dental treatment on [date]. By law, and as a responsible employer, I have requested that you consent to testing to determine your HBV, HCV and HIV status. The results of such testing, which shall remain confidential between you and the exposed employee, can substantially reduce the anxiety of the employee regarding the exposure incident. I have previously explained to you the need for and value of your consent for testing in this incident. This letter confirms that you will not grant consent for such testing.

I request that you carefully consider the consequences for the employee of your refusal for testing. If you decide to consent to testing, please contact this office to make arrangements. We will, of course, pay all expenses associated with the testing.

Sincerely,

[Doctor]
[Practice Name]

Written Opinion of Health Care Evaluator

According to the Cal/OSHA Bloodborne Pathogens Standard, a written opinion of the health care provider evaluating and treating an employee for an exposure to infectious agents must be provided to the employee within 15 days of an exposure incident.

Employee Name: _____

Incident Date: _____

Report Date: _____

Yes No

 HBV Vaccine was recommended.

 HBV vaccine was provided.

 The employee was informed of the results and evaluation.

 The employee was informed of medical conditions which require further evaluation and treatment.

Evaluator:

Name: _____

Address: _____

Please complete this form and give it to the employee to return to the employer dentist or mail this form to the employer dentist as listed below:

Mailing address for Written Option:

Dentist's Name: _____

Address: _____

Thank you very much for your prompt attention to this request.