

Dear Dr,

This letter is in regards to pt _____, and it is specially designed to state the reasons and necessity for full mouth restorative procedures for this patient. Furthermore, this information will justify the necessity of sedation for dental procedures to the medical insurance company.

This patient requires general anesthesia for dental treatment for the following reasons:

1. Young age/completely uncooperative to any dental procedures including prophylaxis or x-rays.

Overall, the decision for general anesthesia is made by the practitioner (pediatric dentist) from a clinical and behavioral diagnosis. This type of procedure is utilized only when it is mandatory for an individual patient in order to treat disease, to alleviate dental pain, and to properly ensure behavioral management.

In conclusion, the use of general anesthesia for full mouth restorative procedures is a necessary mode of treatment for this patient in order to properly manage the medical/dental/behavioral/mental needs of this patient. Your recommendation to the insurance company stating the necessity for the use of anesthesia would be greatly appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Parent should just have MD sign at bottom if the pediatrician cannot write another letter.