



Exception to Three-Day Limit of Opioids for Dental Procedures Prior Authorization Request Form

Office of the Medical Director
PO Box 44321
Olympia WA 98504-4321

Injured Worker Name	Claim Number
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Three days or less of opioids is sufficient for most dental procedures (please review the Bree Dental Guidelines). If you feel that more than three days of opioids is indicated for post-surgical pain, please provide the information below.

1. Dental procedure for which opioids are prescribed (please attach medical note(s) detailing this procedure):

2. Proposed post-surgical pain management plan (drug, dose, instructions, quantity):

3. I have checked the Prescription Monitoring Program (PMP) to verify the worker is not currently receiving opioids or sedatives from other prescribers. If the worker is receiving concurrent opioids or sedatives, I have contacted the other prescriber(s) to coordinate care:

Yes

No — Please check the PMP to ensure proposed pain management plan is appropriate for this injured worker.

Prescriber Name	Prescriber Phone Number
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Prescriber's Signature

Date

Please fax completed form along with supportive medical documentation to:

360-902-6315
ATTN: Drug Review Program