

Periodontal Scaling and Root Planing (SRP) Service Authorization Request Supplemental Document

Please include this form with your SRP Service Authorization request and send via secure email to **dental@primewest.org** (handwritten scanned copies are acceptable). Email **dental@primewest.org** with questions.

Patient Name: _____ **DOB:** _____ **Last Dental Visit:** _____

AAP¹ Periodontal Diagnosis:

AAP Grade: A B C

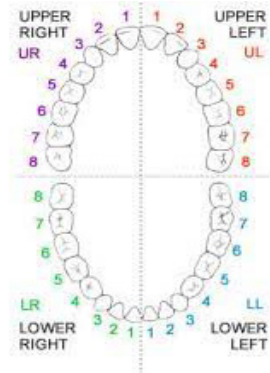
Disease Distribution: Localized Generalized

Percent Bone Loss: 10% 20% 30% 40% 50% 60% 75%

AAP Stage: I II III IV

Quadrants or Teeth Affected

Review image to the right. Below, enter all quadrants or teeth that apply, separated by comma (e.g., UR, UL2)



Tissue Concerns (select all that apply)

- Erythema
- Edema
- Exudate
- Bleeding upon probing
- Gingival ulceration
- Spontaneous bleeding

Probe Readings (indicate range)

Generalized _____ to _____ periodontal pockets

Localized _____ to _____ periodontal pockets

Periodontal Disease Risk Factors (select all that apply)

- Family/personal history of periodontal disease
- History of previous periodontal therapy
(Date: _____)
- Sub-gingival calculus
- Supra/subgingival biofilm
- Tobacco use
- Probe depths > 4 mm
- Irregular dental care/insufficient oral hygiene
- Clinical recession/furcation involvement
- Missing 8 or more teeth (excluding 3rd molars)

- Previous tooth loss due to periodontitis
- Systemic disease (diabetes, cardiovascular, etc.)
- Functional oral habits (bruxing/clenching)
- Immunosuppression (medically or drug induced)
- Oral piercing
- Age 40 or over
- Saliva quality/quantity/xerostomia
- Improper nutrient/vitamin intake
- Radiographic loss of crestal bone
- Bony defects, craters, wells

Additional narrative for SRP:

Provider Signature: _____ **Date:** _____