



Johnson County  
Developmental  
Supports

BUILDING RESOURCES FOR PEOPLE WITH DISABILITIES  
10501 Lockman Road, Lenexa, KS 66219-1223  
(913) 826-2826 FAX (913) 826-2827

## REFERRAL FOR MOBILE DENTAL UNIT SERVICES

Person Served: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Work Manager/Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Current Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Last Dental Appointment: \_\_\_\_\_  
Describe what staffing support this person typically needs for dental exams:

Does this person use a wheelchair? If not, is this person able to safely use stairs or would they prefer to utilize a lift?

Does this person typically use a PRN medication prior to dental appointments?

Describe any presenting dental problems or concerns:

Describe any important dental history:

Preferred time (although not guaranteed) for appointment (The Mobile Dental Unit will be available for appointments every Monday at 9:00am, 10:30am, 12:30pm, 2:00pm. A 3:30pm slot will also be available for any needed screenings or follow-up).

Information from dental exam, including follow-up recommendations, should be sent to?

Signature of person completing referral: \_\_\_\_\_

For office use only:

Date Referral Received: \_\_\_\_\_

Outcome of Referral:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_