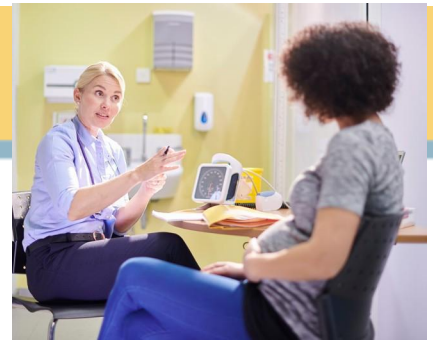


Partner with Us for Prenatal Oral Health



Dear Valued Dental Provider,

Beginning *date*, *Clinic or Organization Name* will be beginning a new initiative to refer its pregnant patients to a dental home. We would like to include your practice on a referral list for our patients. Please confirm that your practice:

- Adheres to the American Dental Association (ADA) and American College of Obstetricians and Gynecologist (ACOG) recommendation to treat pregnant women any trimester during pregnancy.
- Accepts Medicaid and new patients.
- Will help make the customer experience as easy as possible for *Organization Name* patients seeking care.

Our health care providers have been trained to understand the recommendations around dental services during pregnancy. We provide brief oral health education as part of standard prenatal care procedures, and we will encourage patients to receive dental care. In the majority of cases, there is no need to request our permission to provide dental care but please feel free to reach out to us with questions as required.

To be included on our referral list please reach out to *email* or call *telephone* to speak with *Practice Manager Name*.

Thank you,

If you have any additional questions, please contact me at anytime. We look forward to continued collaboration.

Signature/Office Stamp



Get support and learn more about how you can enhance your prenatal services at:
www.CavityFreeAtThree.org



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