



Directory

The primary mission of the Department of Dentistry focuses on the care of children with major medical and developmental problems. This Department also provides care for healthy children for the management of true dental emergencies. The Department of Dentistry has the following guidelines for patients appropriate for our service:

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Diagnosis/symptom

Dental Abscess (Emergent) in a Healthy Child

Division/Service

Pediatric Dentistry/Emergency
May refer to Center for Pediatric Dentistry at 206-543-5800

When to initiate referral:

- Child with pain or swelling related to dental abscess
- Child's dentist should be contacted first
- Child does not have a dentist or dentist cannot manage

What can referring provider send?

- Call or fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs



Diagnosis/symptom

**Dental Trauma
(Emergent) in a
Healthy Child**

Division/Service

Pediatric Dentistry/Emergency
May refer to Center for Pediatric
Dentistry at 206-543-5800

**When to initiate
referral:**

- Child with pain or bleeding related to dental trauma
- Child's dentist should be contacted first
- Child does not have a dentist or dentist cannot manage

**What can referring
provider send?**

- Call or fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs



Diagnosis/symptom

Extensive Dental Caries (Non Emergent) in a Healthy Child

Division/Service

Pediatric Dentistry/Treatment in OR under General Anesthesia
May refer to Center for Pediatric Dentistry at 206-543-5800

When to initiate referral:

- Extensive dental caries in an uncooperative child under 6 years of age requiring general anesthesia for care
- Child's dentist should be contacted first
- Child does not have a dentist or dentist cannot manage

What can referring provider send?

- Fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide any available radiographs
- May have some delay to appointment time



Diagnosis/symptom	Division/Service	When to initiate referral:	What can referring provider send?	
<p>Dental Caries in a Child with Mild to Moderate Medical Conditions or Developmental Disabilities (e.g Diabetes, Asthma, Neurodevelopment Problems)</p>	<p>Pediatric Dentistry/Pediatric Dental Treatment May refer to Center for Pediatric Dentistry at 206-543-5800</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Significant medical or developmental symptoms which preclude care in dental office • New patients accepted for consultation and treatment if under 18 years of age • After treatment patient will be returned to referring dentist or transferred to the Center for Pediatric Dentistry for preventative care. 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Fax referral form or letter with description of symptoms • Provide contact information for family • Provide available radiographs • May have some delay to appointment time 	

Clinic phone: 206-987-2243. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



Diagnosis/symptom

Dental Caries in a Child with Major Medical Conditions or Developmental Disabilities

(e.g Organ Transplantation, Cardiac, Hematologic or Cancer)

Division/Service

Pediatric Dentistry/Pediatric Dental Treatment

When to initiate referral:

- Significant medical or developmental symptoms which preclude care in dental office
- New patients accepted for consultation and treatment if under 21 years of age

What can referring provider send?

- Fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs
- Child will be appointed promptly depending on acuity of symptoms



Diagnosis/symptom	Division/Service	When to initiate referral:	What can referring provider send?	
<p>Malocclusion in Patients with Cleft Palate or Craniofacial Syndromes</p>	<p>Orthodontics</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Orthodontic evaluation and treatment provided only for children with cleft palate or defined craniofacial syndromes • New patients accepted if under 21 years of age 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Fax referral form or letter with description of symptoms • Provide contact information for family • Provide any available radiographs • May have some delay to initial appointment time 	

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Diagnosis/symptom

**Major Facial Trauma
and/or Jaw Fracture**

Division/Service

Oral & Maxillofacial Surgery/
Emergency

When to initiate referral:

- New patients accepted if under 21 years of age

What can referring provider send?

- Call or fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs
- Child will be appointed promptly depending on acuity of symptoms



Diagnosis/symptom	Division/Service	When to initiate referral:	What can referring provider send?	
Oral Lesions, Cysts and Tumors	Oral & Maxillofacial Surgery	<ul style="list-style-type: none">• New patients accepted if under 21 years of age	<ul style="list-style-type: none">• Fax referral form or letter with description of symptoms• Provide contact information for family• Provide available radiographs• Child will be appointed promptly depending on acuity of symptoms	

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Diagnosis/symptom

**Complex Surgical
Dental Extractions**

Division/Service

Oral & Maxillofacial Surgery

When to initiate referral:

- Child's dentist should be contacted first
- Child does not have a dentist or dentist cannot manage
- New patients accepted if under 21 years of age

What can referring provider send?

- Fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs
- May have some delay to initial appointment time



Diagnosis/symptom

**Surgical Management
of Clefts or Craniofacial
Anomalies**

Division/Service

Oral & Maxillofacial Surgery

When to initiate referral:

- New patients accepted if under 21 years of age

What can referring provider send?

- Call or fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs
- May have some delay to initial appointment time



Diagnosis/symptom

**Surgical Management
of Severe Jaw Length
Discrepancies**

Division/Service

Oral & Maxillofacial Surgery

When to initiate referral:

- New patients accepted if under 21 years of age

What can referring provider send?

- Call or fax referral form or letter with description of symptoms
- Provide contact information for family
- Provide available radiographs
- May have some delay to initial appointment time



Diagnosis/symptom	Division/Service	When to initiate referral:	What can referring provider send?	
<p>Temporomandibular Joint or Muscle Dysfunction</p>	<p>Temporomandibular Dysfunction May refer to Center for Pediatric Dentistry at 206-543-5800</p>	<ul style="list-style-type: none"> • Evaluation and treatment limited to patients with Juvenile Rheumatoid Arthritis who are followed by the Rheumatology Service at Children's • New patients accepted at the Center for Pediatric Dentistry if under 21 years of age 	<ul style="list-style-type: none"> • Call or fax referral form or letter with description of symptoms • Provide contact information for family • Provide available radiographs • May have some delay to initial appointment time 	

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