

**COMPLETED DENTAL PROSTHESIS REQUISITION FORM
(FOR DENTAL PROSTHETIC APPLIANCES NOT DELIVERABLE PRIOR
TO INMATE DEPARTURE FROM AGENCY)**

1. I understand that the prosthetic appliance that is being fabricated for me may be sent to my personal dentist for delivery **if all steps necessary for fabrication are completed.**
2. I understand that the delivery of the prosthesis and any associated adjustments will be done at my expense, as no funds are available for this purpose.
3. To requisition my prosthesis I will ask my dentist to contact:
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
FIELD SERVICES
P O BOX 99
HUNTSVILLE, TEXAS 77340
ATTN: FIELD COORDINATOR
OR CALL: 936-437-6633 OR 936-437-6549 OR 936-437-6768
4. To aid in the requisition of your prosthesis, please provide the following information to your dentist:
 - A. Former TDCJ identification number: _____
 - B. Approximate date the dental impressions were made: _____
 - C. Facility on which the dental impressions were made: _____
 - D. Signed release (this form).
 - E. The cost of prosthesis delivery and associated adjustments are the responsibility of the patient not UTMB/CMC.
5. Correspondence from your dentist to the Texas Department of Criminal Justice concerning your dental appliance should be on the dentist's business stationary.

PRINTED NAME OF PATIENT

SIGNATURE OF GUARDIAN/PATIENT

FORMER ID NUMBER

DATE