Dear Residents and Families:

In our continuing effort to enhance the services available to our residents we have been able to obtain the services of a dentist to provide dental screens and services here on site at ----. Our visiting dentist is Dr. Bakri, a graduate of Pitt Dental School and has a Master’s Degree in Dental Science. He has received Prosthodontic training and has completed a Fellowship in Implant Prosthodontics.

Dr. Bakri’s services are his private practice and so are not managed by -----. Therefore, he will bill you separately and directly for his services. He does not participate with Medicare/Medicaid insurance. If the resident has any dental insurance, Dr. Bakri will assist you in the completion of claim forms in order that you may receive reimbursement from the residents insurance.

The cost will be $250.00 for the home visit, $100.00 for the cleaning, additionally if X-rays are indicated and completed the cost will be up to $100.00 for a full mouth radiographs. If you have any question related to fees and services you may contact Dr. Bakri directly at: 412-889-8732.

Dr. Bakri will contact the POA or responsible party following the exam to discuss findings and any treatment options.

Dr. Bakri will be here on ------ to service those residents who wish to have an exam. If you wish to have the resident examined by the dentist and are willing to assume the charges for the service please mark below Yes, sign and return to us by ----- so we may schedule a time. If you do not wish to have dental services please mark No and return and we will maintain this response in the resident’s file for further reference.

 Sincerely,

 Wellness Director

Yes, I would like resident to be examined by Dr. Bakri (dentist).

No, I decline dental services at this time for resident .

Responsible Party Signature: . Date: .

Billing Address and phone number: