

# DMA 635 Form—Attestation of Pregnancy

Dear OBGYN, Primary Care Physician, or Public Health Department,

The **Attestation of Pregnancy** form serves to validate current pregnancy for the purpose of determining whether the member is eligible to obtain certain Medicaid dental service benefits. The member is directed to present completed and signed Attestation of Pregnancy statement to her dentist prior to seeking dental services.

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## Attestation of Pregnancy

\_\_\_\_\_ Is currently pregnant and under my care for related services.  
Patient Name (please print)

The patient's estimated date of delivery is \_\_\_\_\_

Please advise of any medical limitations/or restrictions prohibiting the provision of dental care

None

Specify limitations/restrictions (if applicable): Patient must be doubled shield for x-rays.

Patient can receive the following, as long as they are not allergic to any of the following  
medications: Ampicillin, Tylenol #3, Anesthesia (Epinephrine- free)

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I affirm the above information is factual to the best of my knowledge and under penalty of perjury.

Valisia A. Andrews,MD

Provider Name (please print)

Valisia A. Andrews,MD

Provider Signature

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
Date Month Year