



**LIBERTY Dental Plan**  
**Interceptive Treatment Request Form**

P.O. Box 15149  
 Tampa, FL 33684-5149

| <b>Provider</b>   |      |
|-------------------|------|
| Name:             |      |
| Phone:            | ID#: |
| Address:          |      |
| City, State, Zip: |      |

| <b>Member</b>     |        |                                   |           |
|-------------------|--------|-----------------------------------|-----------|
| Member Name:      | ID #:  | Eligibility Verified:<br>(Circle) | Yes    No |
| Patient Name:     | DOB:   | Verifiers Initials:               |           |
| Address:          | Phone: | Date & Time:                      |           |
| City, State, Zip: |        |                                   |           |

| <b>Treatment Request</b>               | <b>Include a ✓ mark</b> |
|--|-------------------------|
| Lingual Holding Arch                   |                         |
| Transpalatal Arch                      |                         |
| Fixed Habit Appliance – Maxillary      |                         |
| Fixed Habit Appliance - Mandibular     |                         |
| Removable Habit Appliance – Maxillary  |                         |
| Removable Habit Appliance – Mandibular |                         |
| Rapid Maxillary Expander               |                         |
| Removable Maxillary Expander           |                         |
| Removable Mandibular Expander          |                         |
| Maxillary Anterior Bite Plate          |                         |
| Cervical Headgear                      |                         |
| High-Pull Headgear                     |                         |
| Partial Fixed Appliance – Maxillary    |                         |
| Partial Fixed Appliance - Mandibular   |                         |

|                                      |  |
|--------------------------------------|--|
| <b>Other Appliances</b>              |  |
| <b>Treatment Plan</b>                |  |
| Dentist Signature: _____ Date: _____ |  |

Comments \_\_\_\_\_