



MEDICAL CLEARANCE FOR DENTAL TREATMENT

Patient's Name: _____ **D.O.B:** _____ **Date of Last Physical Exam:** _____

Dear Physician: Please complete this form entirely so that we can safely render the best possible dental care for our mutual patient. Your assistance is greatly appreciated.

Dental treatment that can potentially be rendered includes, but is not limited to: cleanings (prophylaxis), fluoride application, radiographs, resin restorations (including sealants), stainless steel crowns, extractions, and the administration of nitrous oxide ("laughing gas").

We also use the following types of **local anesthetics**: 2% lidocaine with 1:100,000 epinephrine, 4% articaine with 1:100,000 epinephrine, and 3% mepivacaine with no epinephrine.

Please indicate if the patient has any of the following medical conditions listed below:

<input type="checkbox"/> Heart Disease <input type="checkbox"/> Organ Transplant <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Diabetes Type I or II <input type="checkbox"/> Abnormal Bleeding/Hemophilia/Thalassemia <input type="checkbox"/> History of Blood Transfusions/Dialysis <input type="checkbox"/> History of Cancer/Tumors	<input type="checkbox"/> History of Cardiac Surgery <input type="checkbox"/> Bone Marrow Transplant <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Hepatitis Type A/B/C <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____
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Based on the patient's medical history, do you recommend:

- **Antibiotic prophylaxis prior to dental treatment?** Yes No
- **Nitrous oxide ("laughing gas") use?** Yes No

If the patient requires antibiotics prophylactically, which type/dosage do you recommend?

Do you have any other additional comments/special precautions for us to follow?

Physician's Name

Physician's Signature

Date

Note: Medical clearance may need to be updated yearly depending on medical condition.