

## MEDICAL CLEARANCE FOR DENTAL TREATMENT

Date: \_\_\_\_\_ Attention: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Our mutual patient, as noted above, is scheduled for dental treatment at our office. Treatment may include:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cleaning (simple or deep)       | <input type="checkbox"/> Root Canal Therapy                  |
| <input type="checkbox"/> Radiographs (x-rays)            | <input type="checkbox"/> Periodontal gum surgery             |
| <input type="checkbox"/> Fillings, Crowns, Bridges       | <input type="checkbox"/> Local Anesthetic (with Epinephrine) |
| <input type="checkbox"/> Extraction (simple or surgical) | <input type="checkbox"/> Other: _____                        |

**The patient has indicated the following medical conditions:**

\_\_\_\_\_

**Dentist Comments:**

\_\_\_\_\_

\_\_\_\_\_  
Dentist Name (Please Print)

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

***Physicians: Please complete the section below.***

**Evaluate this patient's medical history and advise us of any special considerations that should be made.**

Does the patient require antibiotic prophylaxis?  Yes  No

Reason for prophylaxis: \_\_\_\_\_

Does the patient require an interruption of anticoagulant treatment?  Yes  No

How long before and after treatment? \_\_\_\_\_

Are there any restrictions with anesthetic for this patient?  Yes  No

Is the use of epinephrine okay?  Yes  No

Type of antibiotic that is allowed/recommended for patient: \_\_\_\_\_

Type of pain medication that is allowed/recommended for patient: \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_  
Physician Name (Please Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

We appreciate your assistance in providing optimum care for this patient.

Please have the **physician** sign and fax this form to:

Allison & Associates  
Attention: PCC

ALLISON & ASSOCIATES  
15 AVIEMORE DRIVE  
PINEHURST, NC 28374  
[WWW.PINEHURSTDENTIST.COM](http://WWW.PINEHURSTDENTIST.COM)

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Fax: 910-295-3913  
Phone: 910-295-4343