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

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The planned dental procedures for the above named patient may include; sub gingival cleanings, fillings, root canal therapy, crown & bridge and surgical extractions.**

IS THE PATIENT AN ACCEPTABLE CANDIDATE FOR THE ABOVE PROCEDURES?

 YES  NO

SHOULD PROPHYLACTIC ANTIBIOTICS BE PRESCRIBED?

 YES  NO

IF YES, WHICH ONES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISPENSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN LOCAL ANESTHESIA WITH EPINEPHRINE (1:100,000) BE USED?

 YES  NO

**IF THE PATIENT IS TAKING ANTICOAGULANT DRUGS: (EXAMPLE: PLAVIX, COUMADIN, ETC…)**

ANTICOAGULANT MEDICINE CAN BE DISCONTINUED \_\_\_\_\_ DAYS BEFORE THE DENTAL PROCEDURE AND RESUMED WITHIN \_\_\_\_ DAYS AFTER THE DENTAL PROCEDURE.

ANY OTHER PRECAUTIONS TO BE TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHYSCIAN SIGNATURE DATE