Medical Clearance for Pregnant Patients

Date: _____

Patient Name: _____

Date of Birth: _____

Expected Due Date: _____

Patient report of Pregnancy/Medical History: _____

This patient has presented to our clinic for dental treatment. The following is standard protocol for our treatment of pregnant patients:

- Necessary radiographs will be taken using a double lead shield over the abdomen.
- Treatment may include the following: teeth cleaning, fillings, and/or extractions.
- If local anesthetic is needed, 2% lidocaine with 1:100,000epinephrine is used most often.
- If antibiotic is needed, Amoxicillin or Clindamycin will be used.
- For non-narcotic pain management, OTC Acetaminophen will be recommended.
- For narcotic pain relief, Acetaminophen with Codeine #3 will be prescribed.
- Treatment will be provided only during the second trimester, unless an emergency arises, which would require Physician's authorization.

Please sign below if you agree with all of the protocols and give medical clearance for the above named patient to have dental treatment. If you do not agree with the above protocol, please indicate what you would like to do differently. Also, please notify us of any unreported health conditions of which you are aware.

Thank you,

_____ _____

Dentist Telephone

☐**Agree with above protocol** ☐**Disagree with above protocol (see below)**

_____

_____

_____ _____

Physician Signature Date

(6-11)