

## MEDICAL CLEARANCE FOR PREGNANT DENTAL PATIENTS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Due Date: \_\_\_\_\_

Pregnancy/Medical History: \_\_\_\_\_

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

- Necessary radiographs will be taken with lead shielding of the abdomen and the thyroid area
- Treatment may include any of the following:
  - Teeth cleaning
  - Topical Fluoride Varnish 5% NaF
  - Fillings
  - Extractions
  
- If local anesthetic is used, 2% Lidocaine with epinephrine 1:100,000 is used most often
- For non-narcotic pain management, OTC Acetaminophen will be recommended
- If antibiotic is needed, either Amoxicillin or Clindamycin will be prescribed
- *According to the National Maternal and Child Oral Health Consensus Statement "oral health care, including the use of x-rays, pain medication and local anesthesia is safe throughout pregnancy", 2012; <http://www.mchoralhealth.org>*

Thank you,

Dentist: \_\_\_\_\_

**Please sign below for medical clearance or indicate further guidance for dental treatment:**

• I agree with above protocol : signed: Dr. \_\_\_\_\_ date: \_\_\_\_\_

• I disagree with the above mentioned protocol and would like to provide additional guidance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: Dr. \_\_\_\_\_ date: \_\_\_\_\_

Please return to: \_\_\_\_\_ County Health Department Dental Clinic

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_