In-House Dental Care 9506 Hamilton Ave. Huntington Beach, CA 92646 O. (949) 339-5373 F. (949) 339-5383
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MEDICAL CLEARANCE FORM

(CONFIDENTIAL)

Today's Date: _____ Referring Doctor: Dr. Richard A. Nguyen

To: _____ Office: _____ Fax: _____

Re: _____ _____ _____
(Patient's Name) *(DOB)* *Phone Number*

X_____
Patient's signature and or Responsible Party authorizing exchange of information between dentist and physician

INSTRUCTIONS: Physician – Please complete Section 2, sign and fax / email back to Dentist.

SECTION 1 *To be completed by the dentist*	*1. Dental Treatment Plan:* _____ _____ _____ *2. Patient's condition which may warrant special considerations:* _____ _____
SECTION 2 *To be completed by the physician.*	*1. Is the patient healthy enough to undergo this treatment?* *(Please Initial)* *Yes* _____ *No* _____ *2. Does the patient's medical condition require prophylactic antibiotic treatment?* *(Please Initial)* *Yes* _____ *No* _____ *3. If you recommend a different prophylactic treatment plan or antibiotic, please indicate below:* _____ _____ *4. If prophylactic antibiotic treatment is required, I will follow the current ADA guidelines and prescribe the following protocol and prescription:* _____ _____ *5. Does Patient require to stop blood thinners medication prior to dental invasive treatment? If so, how many days?* _____ _____.

_____ _____
Dentist's Signature *Date*

_____ _____
Physician's Signature *Date*