



MEDICAL UPDATE

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DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

MEDICAL CONCERN: _____

We are requesting an update on the patients:

1. Medical condition
2. Recommendations
3. Clearance for dental treatment

The patient's dental treatment may include:

1. X-rays for diagnostic purposes
2. Local anesthetic with 2% Lidocaine (1:100,000 epinephrine) or 3% Carbocaine (no epinephrine)
3. Surgical procedures including dental extractions
4. Prophylaxis
5. Invasive dental procedures causing transient bacteremia
6. Other: _____

SIGNATURE OF DENTIST/HYGIENIST: _____

MEDICAL CLEARANCE

DATE: _____

PHYSICIAN NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

1. Medical update: _____

2. Pre-medication required? YES NO

3. Suggested medication for Pre-med: _____

4. Recommendations: _____

5. Clearance for Dental Treatment? YES NO

IF NO, reason why? _____

6. Pregnancy Risk: _____

PHYSICIAN SIGNATURE: _____ DATE: _____