Sconzo and Sciascia
General, Cosmetic and Family Dentistry

Office Location: 1666 Marine Parkway, Brooklyn, NY 11234
Office Phone Number: (718)-339-0252 Office Fax Number: (718)-376-0912

Medical Clearance for Dental Treatment

Patient:_____
DOB:_____

Dear Dr._____,

Our mutual patient,_____, is scheduled for dental treatment.

Treatment may include:

___Cleaning (Simple or Deep)
___Radiographs
___Nitrous Oxide
___Other:_____
___Local Anesthetic (with epinephrine)
___Fillings, Crowns, Bridges
___Root Canal Therapy
___Extractions (Simple or Surgical)

The patient has indicated the following medical conditions:

_____

Please evaluate this patient's medical history and advise us of any special considerations that should be made.

- Antibiotic prophylaxis: □Yes □No
- Interruption of anticoagulants: □Yes □No
  If Yes, How long before and after treatment:_____
- Anesthetic restrictions: □Yes □No
- Is epinephrine ok?: □Yes □No

Type of antibiotic allowed/recommended:_____
Type of pain medication allowed/recommended:_____
Any Additional Comments:

_____
_____

Physician Name (Please Print): _____
Physician Signature:_____Date:_____
We appreciate your assistance in providing optimum care for our patient!