

COMPREHENSIVE MEDICAL CONSULTATION FORM

RELEASE OF RECORDS CONSENT

I, _____, hereby consent to the release of my medical records or any information
Patient Name
 regarding my health status to _____
Dental Provider Office

Patient Signature Date

DENTAL CONDITION

During the dental treatment this patient is likely to undergo, we normally expect:

BLEEDING: minimal moderate substantial

STRESS: minimal moderate substantial

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: (Please designate with a check mark)

- | | |
|---|--|
| <input type="checkbox"/> Dental prophylaxis
<input type="checkbox"/> Scaling and/or root planning
<input type="checkbox"/> Root canal therapy | <input type="checkbox"/> Fillings
<input type="checkbox"/> Extractions
<input type="checkbox"/> Crowns
<input type="checkbox"/> Topical Fluoride /Topical Fluoride Varnish 5% NaF |
|---|--|

- 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>*

Signature Dental Provider	Date	Email Address
Dental Provider	Address	Telephone Number

MEDICAL CLEARANCE

- This patient's reported medical condition makes it necessary for us to obtain written information and patient management directives from you.

We must receive your *written* response before dental treatment can begin.

Hypertension

4 At the dental exam on _____ this patient's blood pressure was _____. We will not provide any dental treatment if the BP is above 180/105; will perform examination services only when the BP is between 165/95 < 180/105; and will provide most dental care services if the BP is below 165/95. Please evaluate this patient for appropriate medical intervention. We will follow our treatment guidelines unless we receive a written release from you indicating it is safe to treat this patient.

Cardiovascular Disease:

5 Angina: Please indicate the frequency of angina episodes and whether or not this condition is stable. Also comment on the ability of this patient to undergo dental procedures with the indicated amount of stress.

6 MI: Please indicate the date and severity of the myocardial infarct and comment on the ability of this patient to undergo the dental procedures with the indicated amount of stress. We generally wait 6 months post-MI before providing elective dental care services, unless you approve a shorter waiting period.

7 Cerebral Vascular Accident, TIA's. Please indicate the location of the cerebral event and the extent of functional impairment. Also comment on his/her ability to undergo the dental procedures with the indicated amount of stress.

8 Cardiac Arrhythmia: Please indicate the type of arrhythmia and adequacy of control. We generally administer 2% lidocaine with 1:100,000 epinephrine for effective anesthesia, and will use no more than 2 cartridges which is equivalent to 0.036 mg epinephrine. Does this patient's health status preclude the use of this anesthetic?

9

Antibiotic Prophylaxis

10 The documented increases in antibiotic-resistant microorganisms and allergic reactions in persons taking antibiotics necessitate the conservative use of antibiotics. The goal is to prevent the unnecessary administration of antibiotics prior to dental treatment while providing antibiotic prophylaxis in those patients who are most at risk. Enclosed is a reference that lists cardiac and other medical conditions as well as various dental procedures for which antibiotic prophylaxis is and is not recommended. AHA and AAOS (American Academy of Orthopedic Surgeons) approved antibiotic regimens are included as well as other management recommendations. Please reference this information as you respond to the following questions.

11

12 Low to Moderate Risk Cardiac Condition: This patient reports a history of the following cardiac condition for which the American Heart Association no longer recommends antibiotic prophylaxis: ____ This patient states that you recommend continued antibiotic prophylaxis prior to dental treatment. If this is the case, we request that you coordinate prescribing the antibiotics through your office. We have attached a summary of the *2007 AHA Guidelines for Prevention of Infective Endocarditis* for your review.

13

14 Other Systemic Condition(s): This patient reports a history of _____. Please verify and/or clarify this condition and indicate whether or not antibiotic prophylaxis is needed prior to dental treatment associated with significant bleeding or bacteremia. If yes, we will prescribe antibiotic prophylaxis according to the *2007 AHA Guidelines*. (See attached) If you recommend an antibiotic regimen inconsistent with these guidelines, please coordinate the prescribing through your office.

15

16 Artificial Joint: This patient reports a history of artificial joint placement more than two years ago and no other risks for hematogenous prosthetic joint infection as defined by the American Academy/Association of Orthopedic Surgeons. The patient states that continued antibiotic prophylaxis has been recommended that appears to be inconsistent with the current (1997) AAOS *Guidelines*. Please advise if there are special considerations that might affect our decision on whether or not to prescribe prophylactic antibiotics. If you recommend an antibiotic regimen inconsistent with these guidelines, please coordinate the prescribing through your office.

17

Respiratory Disease

18 Asthma To prevent an acute asthmatic attack during the provision of dental treatment, we request your comments regarding the severity and frequency of this patient's asthmatic attacks and any medications to avoid and/or dental management considerations to adopt for this patient.

19 Tuberculosis: Please indicate if this patient has active sputum-positive tuberculosis (Primary Progressive TB). If yes, we will be unable to provide dental services until a physician's written notification is received indicating that the TB has been successfully treated and the patient is no longer infectious.

20 Chronic Obstructive Pulmonary Disease: Please indicate the severity of the COPD and his/her risk for respiratory depression during dental treatment. Also comment on whether or not this patient can withstand dental treatment at the stress level indicated.

21

Diabetes

22 This patient reports a history of IDDM, NIDDM which may compromise, has compromised his/her oral health and increase(d) the susceptibility to periodontal disease, oral infections, and/or delayed wound healing. To optimize our management of this patient, please comment on the medications prescribed, how well the diabetes is controlled, recent blood glucose levels and HbA1c, and renal status. If he/she is poorly controlled and susceptible to infection, antibiotic prophylaxis prior to invasive dental treatment may be indicated—please advise.

23

Renal Disease

24 End-Stage Renal Disease: This patient's history of ESRD raises concerns regarding appropriate dental management. Please indicate the presence or absence and the severity of the following conditions associated with ESRD: 1) Hematologic disorders, the potential to bleed excessively, and recent BP, PT, INR, PTT values; 2) Hypertension; 3) Anemia; 4) Nephrotoxic drugs to avoid; and 5) the patient's susceptibility to infection.

25 Hemodialysis: Since hemodialysis increases the patient's exposure risk to hepatitis B, C, and HIV, please indicate if he/she is in an active or carrier state for hepatitis, or infected with HIV. The literature suggests that hemodialysis patients are at low risk of developing infective endarteritis or endocarditis secondary to dental treatment-induced oral bacteremia (assuming no other risk factors exist). Do you recommend antibiotic prophylaxis prior to dental treatment where significant bleeding is anticipated? If yes, we will premedicate as per the 2007 AHA Guidelines.

Liver Disease

26 This patient describes a history of heavy alcohol consumption, some form of liver damage/disease: _____. Is there evidence of cirrhosis and other related problems such as deficient coagulation factors (II, VII, IX, X); thrombocytopenia, anemia, and leukocytosis? What hepatotoxic drugs should be avoided? Is the patient susceptible to excessive bleeding associated with invasive dental care? Can he/she receive care at this time?

27

Psychiatric Problems:

28 This patient describes a history of Depression Bipolar Disorder, Schizophrenia, or Other Psychiatric Disorder: How severe is this condition and how well is the patient's psychiatric problem managed? Since most antipsychotic drugs cause dry mouth and are associated with other oral health problems, antipsychotics with minimal anticholinergic or parafunctional side effects are desirable.

Allergies/Concerns Regarding Medications:

29 Allergy: This patient reports an allergy or side effect to: _____ and describes the following symptom (s): _____. Please verify the presence or absence of this problem, and provide any patient management recommendations. If this is a drug allergy, please suggest an alternative medication appropriate for this patient.

30 Local Anesthetic Use: The School of Dentistry routinely uses 2% lidocaine with 1:100,000 epinephrine as local anesthetic. Does this patient's health status preclude the use of this anesthetic? Please advise.

Seizures

31 Please indicate the type, frequency, and precipitating factors of this patient's seizures as well as the current degree of seizure control. Also comment on the ability of this patient to undergo dental procedures with the indicated amount of stress.

Other Medical Problems:

32 Pregnancy. This patient indicates that she is in her First, Second, Third trimester of pregnancy. She now has urgent non-urgent dental needs. Elective, non-urgent dental treatment is reserved for the 2nd trimester or after pregnancy. We generally administer 2% lidocaine with 1:100,000 epinephrine for effective anesthesia and take limited radiographs using appropriate lead apron shielding. If you have any concerns, please advise. What oral analgesics and antibiotics would you recommend be prescribed to this patient if necessary?

33

34 Immunocompromised: Corticosteroids Chemotherapy Autoimmune disease HIV Organ Transplant Other

35 Because _____ increases this patient's susceptibility to infections, do you recommend antibiotic prophylaxis prior to invasive dental treatment likely to cause significant bleeding/oral bacteremia? What other management recommendations do you have? Radiation: Because of concerns for the development of osteoradionecrosis and its complications associated with future oral surgical procedures, please indicate the location, total radiation dosage, and any evidence of major salivary gland damage. Any patient management suggestions to avoid osteoradionecrosis are welcome.

36

37 Radiation: Because of concerns for the development of osteoradionecrosis and its complications associated with future oral surgical procedures, please indicate the location, total radiation dosage, and any evidence of major salivary gland damage. Any patient management suggestions to avoid osteoradionecrosis are welcome.

38

39 Corticosteroid Use: This patient reports a history of long-term, short-term systemic corticosteroid use. Other than major oral surgical procedures (bony impacted extractions, bone resections, oral cancer surgery, etc.), few dental procedures warrant supplemental steroid use before, during, or after the operative period. In the event of invasive oral surgical procedures, steroid supplementation may be indicated to prevent an adrenal crisis in individuals with adrenal insufficiency. Do you recommend this patient increase his/her corticosteroid dosage before such dental appointments? If so, by what amount? Please coordinate any changes in corticosteroid dosage through your office.

40

41 Hypothyroidism/Hyperthyroidism: Is this patient's thyroid function within normal limits?

42

43 Questionable Medical History: When reviewing this patient's medical history, we identified one or more uncertainties/inconsistencies. _____. Please provide information regarding this patient's medical history and comment on his/her ability to withstand the indicated stress and bleeding.

44

45 Drug Addiction: Please advise on the stint of usage/treatment _____. The School of Dentistry routinely uses 2% lidocaine with 1:100,000 epinephrine as local anesthetic. Does this patient's health status preclude the use of this anesthetic? What other management recommendations do you have? Please advise.

Other: Patient states current medical history of : _____ . Please give dental precaution as it relates to extraction using 2% lidocaine with 1:100,000 epinephrine.

46

Anticoagulant/Antithrombotic/Antiplatelet Medications:

47 This patient reports a history of anticoagulant therapy. To appropriately manage this patient, avoid lengthy discontinuation of anticoagulant, and minimize an embolic event, we need laboratory results of the patient's three most recent INR or PT values, including tests dates.

48 This patient requires routine oral surgical procedure (simple extractions, gingival curettage, root planning, etc.) where minimal-to-moderate bleeding is expected. If the INR is currently below 3.0, no manipulation of the anticoagulant is indicated. (Generally, INR values below 3.0 do not require manipulation of anticoagulant prior to surgical procedures where minimal bleeding is expected and local hemostatic measures are effective.)

49

50 This patient requires more complex oral surgical procedures (full mouth/full arch extractions, minor to more extensive periosteal flap surgery, extraction of impacted teeth, implant placements, etc.) where more substantial bleeding is expected. In this case an INR between 1.5-2.0 is preferred. Based on the current INR value, a reduction in anticoagulant dosage or a 2-3 day discontinuation may be indicated to achieve a 1.5-2.0 INR level prior to oral surgery. To minimize the risk of an embolic event, please avoid a 4 to 5+ day discontinuation of anticoagulant. Please advise.

51

52 Aspirin/Plavix/NSAID: This patient reports a history of daily aspirin/Plavix or NSAID use and will undergo oral surgical procedures that are likely to cause moderate to substantial bleeding. Please indicate the three most recent BT values and test dates. Depending on the BT values, it may be prudent to have the patient reduce or discontinue this medication 7-10 days prior to the oral surgical procedures. Please advise.

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

I agree with the above treatment: _____
Physician Signature Date

Please indicate any precautions or contraindications to treatment: _____

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

Physician Signature Date

Please return to:

Dental Provider Office Telephone Number Fax Number

Address City/State/Zip Code