

# FAX TRANSMISSION

## Physician's Immediate Reply Requested

### CONFIDENTIAL

<b>Date:</b> _____	<b>Pages:</b> _____
<b>To:</b> _____ Physician's name	<b>Fax:</b> _____ Physician's fax no.
<b>From:</b> _____ Dentist's name	<b>Phone:</b> _____ Dentist's phone no.
<b>Re:</b> _____ Patient's name	<b>Fax:</b> _____ Dentist's fax no.
_____ Patient's date of birth      Patient's signature authorizing exchange of information between dentist and physician	
<b>Subject: Medical Clearance for Dental Treatment</b>	

**INSTRUCTIONS:** *Dentist - Please complete Section 1 and sign.*  
*Physician - Please complete Section 2, sign and fax back to Dentist.*

<p><b><u>SECTION 1</u></b></p> <p><i>To be completed by the dentist.</i></p>	<ol style="list-style-type: none"> <li>1. Dental Treatment Plan: _____ _____</li> <li>2. Patient's condition which may warrant special considerations: _____</li> <li>3. <b>IF</b> prophylactic antibiotic treatment is required, I will follow the current ADA guidelines and prescribe the following protocol and prescription: _____ _____</li> </ol>
<p><b><u>SECTION 2</u></b></p> <p><i>To be completed by the physician.</i></p>	<ol style="list-style-type: none"> <li>1. Is the patient healthy enough to undergo this treatment?  <div style="text-align: center;">(Please initial)      Yes _____      No _____</div> </li> <li>2. Does the patient's medical condition require prophylactic antibiotic treatment?  <div style="text-align: center;">(Please initial)      Yes _____      No _____</div> </li> <li>3. If you recommend a different prophylactic treatment plan or antibiotic, please indicate below:            _____            _____         </li> </ol>

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

The information contained in this transmission is doctor-privileged and confidential. It is intended only for the use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communications is prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message by U.S. Postal Service.