ARTISTICDENTAL
MIRYAM BOOKMAN D.M.D. JASON GOLDBERG D.D.S.
BEAUTIFUL SMILES THROUGH EXCEPTIONAL DENTISTRY

Jackson Square
180 N County Line Rd, Suite B
Jackson, NJ 08527

(732) 942-0909, (732) 363-5115
(732) 942-0929
artisticdentalnj@gmail.com
www.artisticdentalgroup.com

MEDICAL CLEARANCE FOR DENTAL PROCEDURE

Date of Request_____

Dear Dr. _____,

Our mutual patient, _____, is planning on having routine dental procedures that may include cleanings, restorative treatments, root canals, and/or extractions.

The patient reports the following medical conditions: _____

_____

The following medications: _____

_____

The following known allergies : _____

Other findings or concerns: _____

***** TO BE COMPLETED BY PHYSICIAN*****

Are there any special precautions or contraindications to the proposed treatment?

_____

Are there any medications that the patient cannot take or alterations in dosages due to a medical condition?

_____

Does the patient need antibiotic premedication prior to dental appointments? Yes or No

Alterations to Anticoagulation Therapy (if any):_____

- For surgery only_____
- For cleanings and basic restorative work, including anesthetic injections_____

Do you feel this patient can be safely treated in the dental office setting? Yes or No

Physician's Signature_____ Date _____

Physician's Name (printed) _____ Phone Number_____