

Dr. David Neil, DDS
Pediatric Dentistry & Orthodontics

Medical Clearance

Patient:

DOB:

Today's Date:

Dr. :

During a review of the Medical History of

Significant medical history finding of _____

Are there any contraindications for dental treatment?

___ Yes ___ No

Treatment may include:

- X-rays
- Local Anesthetic
- Tooth Extractions
- Fillings
- Dental Prophylaxis
- IV Sedation

Does this patient require antibiotic premedication prior to his/her dental appointment?

___ Yes ___ No

Thank you in advance for your prompt response. Please contact Dr. David Neil for any further questions regarding the necessary treatment for this patient.

Physicians Comments:

Date:
Physician Signature

