



Ayham Yacoub, DMD
2123 N. 1ST Avenue, Suite A2
Whitehall, PA 18052
P: (610) 266-1101 F: (610) 266-1170

Medical Clearance for Dental Care

PATIENT'S NAME: _____

Current systemic conditions under treatment:

List medications prescribed:

1. Is the patient currently in a stabilized or controlled condition? YES NO
2. Is infection, if any eradicated? YES NO
3. Does patient need SBE prophylaxis prior to dental treatment? YES NO
4. Are there any contraindications to local anesthesia (we generally use 2% Lidocaine with 100,000 epinephrine) YES NO
5. Is there any need to hospitalize the patient for the projected dental care? YES NO
6. If pregnant, please list any recommendations for taking any X-rays:

7. Other recommendations: _____

(Physician's signature)

(Date)

(Physician's name-print or type)

(Physician's phone number)