Dental Medical Clearance Form

Patient information	
Name: Eduardo Peterson	Gender: Male
Date of birth: March 15, 1975	Contact number: (555) 123-4567
Address: 1234 Elm Street, Springfield, IL 62704	
Dental provider information	
Dental provider name: Dr. Susan Smith	
License number: 56789	
Dental office name: Springfield Dental Care	Office number: (555) 987-6543
Office address: 4321 Oak Avenue, Springfield, IL, 62705	
Medical provider information	
Referring physician name: 4321 Oak Avenue, SpringfieDr. Robert Johnsonld, IL, 62705	
License number: 87654	
Office name: Springfield Medical Group	Office phone number: (555) 222-3333
Office address: 678 Maple Road, Springfield, IL, 62706	
Reason for medical clearance	
Procedure planned: Dental extraction (molar)	
Planned date of procedure: September 25, 2024	
Reason for medical clearance:	
☐ Surgical procedure ☑ Presence of coronary artery disease ☐ Periodontal disease	☐ Oral infection ☐ Chronic medical condition ☐ Other:
Medical history	
Medical conditions:	
☑ Coronary artery disease ☐ Hypertension ☐ Diabetes mellitus ☐ Kidney disease	☐ Liver disease ☐ Respiratory disease ☐ Immunosuppression ☐ Other:

Medications currently taking:

Aspirin 81 mg
Lisinopril 20 mg
Metformin 500 mg

Allergies:

Penicillin

Medical provider assessment

Patient’s current health status:

Stable but requires careful monitoring due to blood thinning medication and history of heart disease.

Is the patient medically stable to undergo the planned dental procedure?	Are there any specific precautions or modifications required for the planned dental procedure?
◉ Yes ○ No	○ No ◉ Yes (Please specify): Patient should discontinue aspirin 5 days prior to the procedure (per cardiologist's recommendation) and closely monitor blood pressure before and during the procedure.

Additional comments

-Ensure adequate local anesthesia and post-procedural pain management given patient's health history.
-Follow-up required post-extraction to ensure no complications due to clotting issues.

Physician’s signature:	Date: September 11, 2024

Instructions for patient

Please ensure that your medical provider completes this form and returns it to your dental office before your scheduled dental procedure.