

# Prenatal medical-to-dental referral form

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone: \_\_\_\_\_ Est. Delivery Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Medical Professional Information

Primary/Prenatal Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

## Referral Information

Reason for Referral:  Routine  Gingivitis  Dental Caries  Pain  Other

This patient is cleared for routine dental evaluation and care

Known Allergies: \_\_\_\_\_

Medications Patient is Currently Taking:

\_\_\_\_\_

Significant Medical Conditions:  None  Yes (specify)

\_\_\_\_\_

### Routine dental evaluation and care is safe during pregnancy, including (but not limited to):

- Oral health examination
- Dental x-ray with abdominal and neck lead shield
- Dental prophylaxis
- Local anesthetic with epinephrine
- Periodontal therapy
- Restoration (amalgam or composite fillings)
- Root canal treatment
- Extraction

### Medications that are safe to use during pregnancy:

- Acetaminophen with or without codeine
- Amoxicillin
- Cephalosporins
- Clindamycin
- Erythromycin (not estolate form)
- Penicillin

Dental Professional Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

For help finding a dental professional, call your insurance company or 2-1-1.

