

Cynthia MacDougall
RDHAP #805

Mobile: (310) 897-4787
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MEDICAL ORDER REQUEST

Standing order valid 24 months from date of signature

To: Dr. _____ Date: _____

Patient Name: _____ DOB: _____

Residing at: _____

The above patient may have dental hygiene services, including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, chlorhexidine gluconate irrigation and fluoride treatment performed by Cynthia MacDougall, RDHAP at the patient's residence, due to the patient's disability and/or inability to travel and be treated in a dental office.

Does this patient's medical condition require prophylactic antibiotic? **NO** _____ **YES** _____
Please indicate any medical condition required or concerns that would require antibiotic premedication such as, but not limited to:

- | | | |
|--|---|---|
| <input type="checkbox"/> MVP w/regurgitation | <input type="checkbox"/> Recent heart surgery | <input type="checkbox"/> Surgical shunt |
| <input type="checkbox"/> Prev. Bact. Endocarditis | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hip/Knee/Joint Replacement |
| <input type="checkbox"/> Prosthetic cardiac valves | <input type="checkbox"/> Cardiac valve repair | <input type="checkbox"/> Congenital heart defect |
| <input type="checkbox"/> Cardiac transplant with valve regurgitation | | |

Other _____

Allergies _____

If antibiotic therapy is recommended, please prescribe and indicate below

Rx: _____

Physician's / DDS Signature

Date

Thank you for your prompt response. Please email or Fax this approved request to:
cyndimacd@topgumdentahygiene.com or Fax: 310-373-0629