



Periodontal Associates, P.A.

Architects of Health

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Members American Academy of Periodontology

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RE: Pre-Medication for Joint Replacement

Dear Doctor:

The American Academy of Orthopaedic Surgeons and the American Dental Association have issued a joint advisory statement relating to pre-medication with antibiotics for dental procedures in certain individuals with specific joint replacements or health conditions. Since we are not qualified to determine how this affects our mutual patient, we ask that you advise us as to whether or not this patient must pre-medicate for dental procedures.

Please fill out this form and FAX to our office.

Thank you for your prompt attention to this important matter.

In health,

Stephen G. Morse, D.M.D.

Michael T. Cwiklinski, D.M.D.

Date: _____

Patient Name: _____

Patient Birth Date: _____

Patient Address _____

_____ no longer needs antibiotic coverage for dental procedures where bleeding is likely to occur

_____ must be covered by antibiotics indefinitely for dental procedures where bleeding is likely to occur

_____ must be covered by antibiotics for dental procedures where bleeding is likely to occur until:

(date) _____

Joint site and date of replacement: _____

_____ use this protocol: _____

Physician Signature: _____

Printed Name: _____

Physician Address: _____

Physician Phone and FAX: _____

FAX TO 207.874.6460