Oral Health Referral Form For Pregnant Women*

Patient Name:_____
Date of Birth:_____
Primary Care Provider:_____

Date:_____ Referred to: _____
Reason for Referral: __Routine __Bleeding gums __Pain __Other: _____
Weeks Gestation (*At time of referral*): _____Estimated delivery date: _____ Patient Phone:_____
Primary Language Spoken:_____

__This patient is cleared for routine evaluation and dental care, which may include but is not limited to:

- Dental X-rays as needed for diagnosis *(with abdominal and neck lead shield)*
- Oral health examination
- Dental prophylaxis
- Scaling and root planing
- Restoration of untreated caries
- Extraction
- Standard local anesthetic *(lidocaine with or without epinephrine)*
- Analgesics (if needed): acetaminophen and/or acetaminophen with codeine *(nonsteroidal anti-inflammatory drugs are not recommended during pregnancy)*
- Antibiotics (if needed and no known allergies): penicillin, amoxicillin, cephalosporin, clindamycin, erythromycin - not estolate form *(cipro and tetracycline are not recommended during pregnancy)*

Significant Medical Conditions:
__ NONE __ YES (e.g. heart condition, liver disease, kidney disease, etc)
_____
_____
_____

Known Allergies: __None __Yes

Drug(s) / Reaction(s):
_____
_____
_____

Current Medication: __None __Prenatal vitamins __Iron __Calcium __OTHERS (Attach updated list of active prescriptions)
_____
_____
_____
_____

Any Precautions: __None __Specify *(List if any comments or instructions)*
_____
_____
_____

Prenatal care provider *(print name)*:_____
Phone/Pager: _____ Fax #: _____
Signature:_____ Date:_____

Dentist: Please fax information back (to prenatal care provider, fax # above) after initial dental visit:

Exam Date:_____ __ Normal Exam/Recall __ Missed Appointment

__ Needs Additional Treatment for: __ Caries ___Periodontitis __ Referral to oral surgery

Other:_____ Comments:
_____ _____
_____ _____
_____

Dentist Signature:_____ Date:_____

Phone: _____

*Adapted from San Francisco General Hospital and Trauma Center, Community Health Network