



DENTAL CLEARANCE FORM

Patient Name: _____ Date of Birth: _____

Patient is scheduled to have joint replacement surgery.

A dental exam is required to rule out any infections. A note on this form needs to be signed stating the patient has no active or recent infections.

This patient was seen in my office on _____ and had a dental exam that did not show any recent or active infections in their teeth or gums.

- ☐ Patient has no infection concerns.
- ☐ Patient will need dental work-up and treatment prior to surgery.

Comments: _____

Doctor's printed name: _____

Doctor's Signature: _____ Date: _____

Thank you and if you have any questions or concerns, please feel free to contact our office at (847) 285-4200.

Please fax this form or a note to (847) 885-0130