



From: Rachel Watts, RDHAP – CA License #HAP856

Date: \_\_\_\_\_

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## PRESCRIPTION FOR DENTAL HYGIENE SERVICES AND EVIDENCE OF DENTAL EXAMINATION

Valid until \_\_\_\_\_ (up to 24 months)

For: \_\_\_\_\_

Patient

DOB

RESIDENCE

Doctor, please sign this standing order for oral hygiene care and evidence of dental exam. In order to stay in accordance with local laws, any patient of a dental hygiene practice must have an examination by a licensed dentist within 18 months of their first visit, and up to 24 months after a prescription is given. Please identify the need and reason for any prophylactic antibiotics needed for teeth cleaning according to Orthopedic Guidelines and any modifications of medications such as anticoagulants.

Please check the boxes below as applicable:

No antibiotic needed

No antibiotic needed, but anticoagulant adjustment needed: \_\_\_\_\_

Yes antibiotic needed due to: \_\_\_\_\_

If antibiotics needed, please submit a prescription with this form to the fax # listed above

Dental Exam performed on (date): \_\_\_\_\_

Treatment needed : \_\_\_\_\_

Treatment performed : \_\_\_\_\_

Other remarks : \_\_\_\_\_

Physician or Dentist signature: \_\_\_\_\_

License# \_\_\_\_\_

Date: \_\_\_\_\_