



Prenatal Care Provider:

Phone: _____

Bring this with you to your next dental appointment.

Patient Name: _____

DOB: _____ Estimated Delivery Date: _____

This patient may have routine dental care, including but not limited to:

- Oral health examination
- Dental prophylaxis
- Dental x-ray with abdominal and neck lead shield
- Restoration (amalgam or composite) fillings
- Local anesthetic with or without epinephrine
- Root canal treatment
- Extraction
- Scaling and root planning (deep cleaning)

Known Allergies: _____

Precautions: None Specify (if any): _____

Patient may have the following pain medications(s):

- Acetaminophen with codeine
- Alternative medication (specify): _____

Patient may have the following antibiotics(s):

- Penicillin
- Amoxicillin
- Clindamycin
- Cephalosporins
- Erythromycin
- (not estolate form)

Signature: _____ Date: _____

To learn more, call the **Health Info Line: 401-222-5960**



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DENTAL ASSOCIATION**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



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