PREGNANCY

Patient: _____ Date: ___/___/___

Our Patient has informed us that she is PREGNANT. Please comment on the following topics, and add any other recommendations you consider to be in our Patient's best interest. You may write on this form, telephone or fax us.

TREATMENTS PROPOSED:

[ ] Cleaning / Scaling	[ ] Root Canal	[ ] Extractions
[ ] Fillings	[ ] Crowns	[ ] Implants
[ ] Perio/Gum Surgery	[ ] _____	[ ] _____

X-RAYS:

We take X-Rays & use a Lead Apron, & ONLY as necessary, for Emergencies & Dental Pain.

ANESTHETIC:

[ ] Xylocaine (Lidocaine) 2% w/ Epinephrine 1/100,000	No
[ ] Mepivacaine (Carbocaine) 3% (no vasoconstrictor)	No

Nitrous Oxide is NOT used on our Pregnant Patients.
We do NOT use IV Sedation, nor General Anesthesia.

ANTIBIOTICS: Would you recommend:

[ ] Prophylactic Antibiotic Coverage			No
[ ] Amoxicillin	<> 2 gm	<> 3 gm	No
[ ] Erythromycin	<> 2 gm	<> 3 gm	No
[ ] _____	<> _ gm	<> _ gm	No

We do NOT prescribe Tetracycline for Pregnant women.

ANALGESICS: If indicated, would you recommend:

[ ] Tylenol	[ ] Aspirin	[ ] Ibuprofin	[ ] _____
[ ] Tylenol w/ Codeine #3	[ ] Vicodin	[ ] Synalgos DC	

CLEANINGS / PROPHYLAXIS:

[ ] First	[ ] Second	[ ] Third	[ ] Trimester	No

We do NOT use Ultrasonic/Cavitron machines if patient is pregnant.

TIMING OF TREATMENT & RESTRICTIONS:

[ ] First	[ ] Second	[ ] Third	[ ] Trimester	No

RESTRICTIONS / LIMITATIONS of TREATMENT:

Date: ___/___/___ Signature: _____

OTHER COMMENTS:

With best wishes for your health,
Dr. L. R. Friedman, D.D.S.

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