



Dental Hygiene Office of Maria Padilla RDHAP
323-381-1390

Medical Order Request

Standing Order valid 15 months from date of signature

To: _____ Fax # _____

(According to the Board of Dental examiners, an RDHAP needs to have this Medical Order Request signed by the MD once every 2 years within the first 18 months of patient's mobile dental treatment.)

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Residing at: _____

Patient's Specific Medical Condition _____

Reason for Homebound Visit _____

Length of time patient will be homebound _____

_____ may have **ORAL HYGIENE mobile services including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, chlorhexidene, irrigation and fluoride treatments by Maria Padilla, RDHAP, PRN** at the patient's residence, due to the patient's disability and/or inability to travel and be treated in a dental office.

Physician's Signature: _____ License # _____

Is there need for pre-treatment antibiotic therapy? No Yes

Please indicate any medical conditions or concerns that would require pre-medicated prophylaxis for the above such as:

Endocarditis MVP w regurgitation Recent heart surgery

Pacemaker/Defibrillator Severe Heart Disease Surgical shunt

Other surgery: Hip Knee Joint Other _____

Other reason: _____

If so, what medication would you like to prescribe?

If the patient is on an anticoagulant, should this medication be stopped prior to treatment? NA

No Yes Number of days before _____

Is there any other/additional reason for any medications to be added/discontinued or altered prior to treatment? No Yes Explanation: _____

Thank you for your prompt response.

Please email this approved request and any RX needed to our office.

thesmileconnection@yahoo.com