

2213 N. Green Valley Parkway, Suite #102
Henderson, Nevada 89014
P: (702) 547-6453
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Pregnancy Release Consent

_____ is requesting an appointment in our office. In order to provide proper care we require written permission from her OB-GYN.

Doctor: Name/Address

Patients expected due date? _____

Is there any medical condition that we should be made aware of? If so, please list condition(s):

Does patient require any pre-medication? If YES, list what type and reason:

What type of antibiotic/pain medication can patient take?

Is patient permitted to use local anesthetic (Lidocaine, Polocaine)? (YES or NO) If YES, please list Type:

Is the patient permitted to have dental radiographs taken? YES or No
Is the patient permitted to have a routine prophylaxis (Dental Cleaning)? YES or NO
Is the patient permitted to use sedation (Nitrous Oxide, Valium)? YES or NO
Is the patient permitted to have extractions/oral surgery? YES or NO
Is the patient permitted to have dental restorations? YES or NO
Is the patient permitted to have endodontic treatment (Root Canal)? YES or NO

COMMENTS:

Doctor Signature _____

Date _____