Rx

Bring this with you to your next appointment!

Patient Name:	
Date of Birth:	Estimated Delivery Date:
This patient may ha including but not lir	ive routine dental care, mited to:
 □ Oral health examinatio □ Dental prophylaxis □ Dental x-ray with neck and abdominal lead sh □ Restoration (amalgam or fillings) 	without epinephrine Root canal treatment
Known Allergies:	
Precautions:	☐ Specify (if any)
Patients may be prescri	bed the following pain medication(s)
Acetaminophen with	
☐ Alternative medication	on (specify):
But at an in the	and the fellow the confliction
•	ped the following antibiotics:
	noxicillin
·	Erythromycin (not estolate form)
☐ No Antibiotics ☐	Other
Signature:	Date:

Rx

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Date	e of Birth:	E	Estimate	d Delive	ery Date:	
	is patient may luding but not				ntal care,	•
— D □ D □ D	Oral health examin Dental prophylaxis Dental x-ray with n nd abdominal lead Restoration (amalg r fillings)	eck d shie	C eld C	without Root of Extraction Scalin	anesthetic vut epinephricanal treatmotion and root peleaning)	ne nent
17	Allausias					
Kno	own Allergies: .					
	cautions: No					
Pre		ne	☐ Spec	ify (if an	ny)	
Pre	cautions: No	ne scribe	☐ Spec	ify (if an	ny)	
Pre	cautions:	ne scribe vith co	☐ Speced the foodeine	ify (if ar	ny) g pain medi	cation(s
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