

**Lincoln-Lancaster County Health Department**

**Dental Clinic**

3131 O Street  
Lincoln, NE 68510  
402-441-8015  
Fax 402-441-8142

**Medical Clearance for Pregnant Patients**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Expected Due Date: \_\_\_\_\_

This patient has presented to our clinic for dental treatment. The following is standard protocol for our treatment of pregnant patients:

- Necessary radiographs will be taken using a double lead shield over the abdomen.
- Treatment may include the following: teeth cleaning, fillings, and/or extractions.
- If local anesthetic is needed, 2% lidocaine with 1:100,000epinephrine is used most often.
- If antibiotic is needed, Amoxicillin or Clindamycin will be used.
- For non-narcotic pain management, OTC Acetaminophen will be recommended.
- For narcotic pain relief, Acetaminophen with Codeine #3 will be prescribed.

**Please sign below if you agree with all of the protocols and give medical clearance for the above named patient to have dental treatment. If you do not agree with the above protocol, please indicate what you would like to do differently. Please notify us of any health conditions/concerns you may have for this patient seeking dental treatment.**

Thank you,

**Agree with the above protocol.**

**Disagree with the above protocol (Lists concerns with protocol below).**

\_\_\_\_\_  
**Print Physician Name**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**