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Restorative and General Dentistry

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Medical Clearance Form For Dental Treatment:

Date: ____/____/20__

Dear Dr. _____

We are contacting you in regard to our mutual patient _____.
We require information about their current medical history. A written release is required prior to providing dental care.

The patient indicates they have:

_____ Mitral Valve Prolapse

_____ Heart Murmur

_____ Prosthetic Heart Valve / Pacemaker

_____ Artificial Joints, Metal Rods, Plated or Pins

Other: _____

Is Premedication required? ____ Yes ____ No

If premedication is required, indicate preferred RX: _____

Other Precautions: _____

Thank you!

Matthew J. Eannaccone DMD