

# REQUEST FOR MEDICAL CLEARANCE

Assured Dental care 615 Washington Rd. suite 205 Mt. Lebanon, Pa 15228 (412)343-5515 Office  
(412)343-5515 Fax

Dr. Hassan Bakri D.M.D., M.D.S

\_\_\_\_\_ has been seen in our office on \_\_\_\_\_  
Patient Date

Recommended Treatment: \_\_\_\_\_

Anesthesia Required: \_\_\_\_\_ Care Provider: \_\_\_\_\_

Comments: \_\_\_\_\_

## PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Does this patient require temporary discontinuation of anticoagulant medications? \_\_\_\_\_  
If yes, please indicate how many days patient is to be off medication prior to dental appointment. \_\_\_\_\_ Days.
2. Does this patient require antibiotic premedication? \_\_\_\_\_
3. List any medications patient is allergic to: \_\_\_\_\_
4. Other comments \_\_\_\_\_

Medical clearance is granted: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physicians Signature)

Medical clearance is denied: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physicians Signature)