

Prophylactic Antibiotic Premedication for Our Dental Patient

We are contacting you to establish the appropriateness of premedicating our mutual patient with antibiotics prior to dental appointments in our office for the prevention of a bacterial endocarditis, a hematogenous total joint infection or other concerns.

If you recommend that our patient take precautionary antibiotics before dental visits, we will prescribe antibiotics according to the protocol specified in the Guidelines of the American Heart Association (*Circulation*. 2007; 116: 1736 –1754) and the American Academy of Orthopedic Surgeons (*JADA*. 2003; 134: 895-898), unless an alternate protocol is stated otherwise by you below.

Our mutual patient _____ has reported a history of _____ on _____

Please circle your recommendation for this patient:

- The above-mentioned patient does require prophylactic antibiotic coverage.
- The above-mentioned patient does not require prophylactic antibiotic coverage.

Physician's Signature _____

Physician's Name _____

Office Phone _____

Date _____

Reason for premedication _____

Please comment or advise _____

Please fax this form to our office at (617) 742-2044. Thank you for your attention to this matter.