Kimberly Swanson, RDHAP

Registered Dental Hygienist in Alternative Practice #1009
951.267.7727 kswansonrdhap@gmail.com

Doctor/Dentist: _____ Date: _____

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Due to the patient's disability, condition and/or inability to travel and be treated in a dental office, preventive dental hygiene care may be provided at the patient's residence by Kimberly Swanson RDHAP. Treatment may include (but not limited to): oral assessment, including soft tissue exam, visual and tactile dental exam, digital radiographs, toothbrushing, supra and subgingival hard and soft deposit removal with hand or ultrasonic scalers per patient tolerance, polishing, and/or fluoride varnish application. Topical and/or local anesthetics (benzocaine or prilocaine/lidocaine) and antibacterial medicaments (Arestin/minocycline topical, Betadine/Chlorohexidine irrigation), Silver Diamine Fluoride (SDF) may be used as needed. Denture cleaning as indicated.

MD/DDS Signature: _____ Lic #: _____

Check **ALL** that apply:

☐ OK to proceed with preventive dental treatment. No special precautions or prophylactic antibiotics are needed.

☐ Antibiotic prophylaxis is required for dental treatment according to the current American Heart Association and/or American Academy of Orthopedic Surgeons guidelines.
Rx:

☐ Other precautions (if any) _____

☐ **DO NOT** proceed with treatment at this time (provide reason):

_____

Patient Consent: I agree to the release of my medical/dental information to Kimberly Swanson RDHAP.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Name (Print): _____

Please return signed copy to Kimberly Swanson at email kswansonrdhap@gmail.com