Alice B. Deutsch, DMD
Garden City Dental Care, PLLC
120 Seventh Street, Suite 203A
Garden City, NY 11530
Tel: 516.739.1837 Fax: 516.739.1484

Consultation Form for Pregnant Women to Receive Oral Health Care

Referred to: Alice B. Deutsch, DMD

Date: _____

Patient Name: (Last)_____ (First)_____

DOB: _____ Estimated delivery date: _____ Week of gestation today: _____

KNOWN ALLERGIES: _____

PRECAUTIONS: ❒ NONE ❒ SPECIFY (If any):

_____
_____
_____

Patient may have routine dental evaluation and care, including but not limited to:

- Oral health examination
- Dental prophylaxis
- Scaling and root planing
- Extraction
- Dental x-ray with abdominal and neck lead shield
- Local anesthetic with epinephrine
- Root canal
- Restorations (amalgam or composite) filling cavities

Patient may have: (Check all that apply)

❒ Acetaminophen with codeine for pain control
❒ Alternative pain control medication: (Specify) _____
❒ Penicillin
❒ Amoxicillin
❒ Clindamycin
❒ Cephalosporins
❒ Erythromycin (Not estolate form)

Prenatal Care Provider: _____ Phone: _____

Signature: _____ Date: _____

DO NOT HESITATE TO CALL FOR QUESTIONS

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DENTIST'S REPORT

(for the Prenatal Care Provider)

Alice B. Deutsch, DMD

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Patient Name:_____

Date: _____

Diagnosis: _____

_____

Treatment Plan:

- _____
- _____
- _____
- _____

Dentist's Name: Alice B. Deutsch, DMD

Signature: _____

Date: _____