



TRANSPLANT DENTAL CLEARANCE

Date of Examination:	Print Doctor Name:
Patients Name:	Patient Date of Birth:

This patient has been referred to the Las Palmas Medical Center for a possible kidney transplant. Before the patient can be accepted as a candidate in the transplant program, we need to ensure that the patient is cleared of any active dental infections.

EVALUATION FOCUS

- Assess for any existing **infection**

OUTCOME: (to be completed by the Dentist)

Please select one of the following options:

- Patient is free of any source of infection.
- Patient has a source of infection and requires the following treatment:
- Deep cleaning of the gums
 - Filling(s)
 - Root Canal
 - Extraction(s) to address infection only
Number of extractions recommended: _____
 - Other: _____

Physician Signature:	Date:
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PLEASE FAX RESULTS TO: (915) 599-4381