



JERRY W. REEVES DDS, PA

KATHRYN E. SMITH DDS

GENERAL · COSMETIC · IMPLANT

### Dental Treatment Clearance Form

Dr. Jerry W. Reeves DDS/Dr. Kathryn E. Smith has \_\_\_\_\_,  
DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_, scheduled for dental treatment. We need pre-operative clearance for  
dental treatment. Please have your doctor return this to us by fax (336)299-9176.

**\*\*\*TO BE COMPLETED BY PHYSICIANS OFFICE\*\*\***

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I have examined \_\_\_\_\_ on \_\_\_\_\_. I feel there are no  
contraindications to the upcoming dental treatment.

Patient is released for treatment, but antibiotics are required prior to treatment. The  
following regimen is recommended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient is released for treatment and no antibiotics are required prior to treatment.

Print or Stamp Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_