



DENTAL CLEARANCE LETTER

Regarding: _____ DOB: _____

To Whom it may concern:

I understand that our mutual patient noted above is scheduled to undergo:

Prior to surgery, it is important to verify that the patient has had a dental exam within the past six months, has no current dental infection and no anticipation of dental care within the next six months excluding restoration.

I certify that the patient above has had a dental exam within the past six months and does not have a dental infection requiring treatment.

Date of last dental exam: _____

Dentist name (please print): _____

Dentist signature: _____

Date: _____