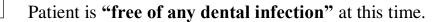
Patient appointment date: __/__/___

To: Dental Clinic

| Re:DOB://_ |
|------------|
| |

This patient is interested in receiving a Kidney Transplant. We require an examination to gain *Dental Clearance* to proceed with his/her evaluation.

If you agree this patient does not have any dental infection, which would prevent him/her of continuing their kidney transplant evaluation, please indicate below for our records.



Comments_____

Patient has current oral infection, requiring continued care.

| Comments | 5 |
|----------|---|
|----------|---|

Thank you very much for your assistance in caring for this patient.

Signature

Date

** Fax copy of Dentist business card, & this clearance letter back to: (918) 494-3288

Attach business card here