

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.

Patient is **“free of any dental infection”** at this time.

Comments \_\_\_\_\_  
\_\_\_\_\_

Patient has current oral infection, requiring continued care.

Comments \_\_\_\_\_  
\_\_\_\_\_

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