

## SMILE ON WHEELS

Annie-Chi Nguyen, RDHAP, B.S

Mobile Dental Hygiene Services

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### Medical Order Request for Dental Hygiene Treatment

Fax No: \_\_\_\_\_

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: Annie-Chi Nguyen, RDHAP

Patient Name: \_\_\_\_\_

Residing at: \_\_\_\_\_

*Patients may have ORAL HYGIENE services including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy (deep cleaning), chlorhexidine gluconate irrigation, fluoride treatments. Placement of sedative/temporary fillings: Silver Diamine Fluoride application by Annie- Chi Nguyen, RDHAP, PRN at the patient's residence, due to the patient's disability and/or inability to travel and be treated in a dental office. All dental hygiene treatment will be within the current CDC Guidelines.*

Physician's Signature: \_\_\_\_\_ License # \_\_\_\_\_

**Is there a need for pre-treatment antibiotic therapy? No \_\_\_\_ Yes \_\_\_\_**

Please indicate any medical conditions or concerns that would require Endocarditis prophylaxis for the above such as, but not limited to:

\_\_\_ MVP w regurgitation

\_\_\_ Recent heart surgery  
Defibrillator

\_\_\_ Pacemaker /

\_\_\_ Previous Endocarditis

\_\_\_ Severe heart disease \_\_\_Surgical shunt

\_\_\_ Other surgery:

\_\_\_ Hip/Knee Replacement

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**If the patient is on an anticoagulant, should this medication be stopped prior to Treatment? NA\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Number of days before \_\_\_\_\_**

Thank you for your prompt response.  
Please fax the approved to our office at (916) 647-9932