



Dr. Daniel Bracey Dr. Chris Olcott Dr. Arvind Narayanan

Dental Clearance Letter

Re _____ DOB _____ MRN _____

To Whom It May Concern: Our mutual patient noted above is scheduled to undergo total joint replacement surgery. Prior to surgery, it is important to verify that the patient has had a dental exam within the past 6 months, has no current dental infection, no active cavities, gum disease, abscessed teeth, fractured teeth or fillings, loose teeth or other oral pathology and no anticipation of dental care within the next 6 months.

___ This patient is optimized for surgery and requires no further treatment or workup prior to proceeding with surgery.

The risk involved with a surgical procedure for this patient is: ___ low, ___ moderate, ___ high.

___ This patient is NOT medically optimized and will require the additional evaluations as noted below for the special concerns noted below:

I certify that the patient has had a dental exam within the past 6 months and does not have a dental infection requiring treatment.

Dentist name (please print): _____

Dentist signature: _____

Date: _____

This letter is an important part of our preoperative patient evaluation; please fax this letter back to us as soon as possible.

Thank you for your assistance,
UNC Total Joint Team

PLEASE FAX THIS LETTER TO UNC Orthopaedics (919) 966-6730 Atten: Total Joint Team