

From: Travis Tramel, RDHAP,BS License: HAP588

Date:

Phone: (951) 428-1714 **Fax:** (951) 848-0955

Standing Medical Order for Dental Hygiene Care

For Valid for 24 mo. _____

As required by Business and Professions Code Section 1931 (a)(2)

For: _____

Patient

DOB

Residing

Doctor, Please sign this standing order for Oral Hygiene care. Also, please identify the need and reason for any prophylactic antibiotics for teeth cleaning using 2007 AHA/Current Orthopedic Guidelines and any modifications of current medications such as anticoagulants. Face sheet attached: **No** **Yes**

Due to the resident's disability and or inability to travel to be treated in a dental office, the resident may have ORAL HYGIENE services by Travis Tramel, RDHAP, BS, or an associated RDHAP or Assistant, including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, sealants, denture hygiene and any of the following PRN: Chlorhexidene Gluconate, lip balm, fluoride treatments, therapeutic pastes, gels, gums, rinses, mints, lozenges and other agents within the scope of practice.

- No antibiotic needed
- Yes antibiotic is needed due to: _____

Standard Prescription

RX: Amoxicillin 500 Mg.

Disp: 4 tabs

Sig: Take 4 tabs (2g) 1 hour before procedure as needed for dental procedure (indef)

Penicillin Allergy

RX: Clindamycin 150 mg.

Disp: 4 tabs

Sig: Take 4 tabs (600mg) 1 hour before procedure as needed for dental procedure (indef)

Other: _____

No anticoagulant adjustment needed. **Yes** _____

Physicians Signature: _____ **Lic:#** _____ **Date:** _____

Standing order for dental hygiene visits

Facility/MD By: _____ **Date:** _____

Has the resident had any significant surgeries or events in the past 6 mo. that would impact dental hygiene care such as: Joint Replacement Surgery Cardiac Surgery

Thank you for your prompt response. Please fax to our office at: (951) 848-0955