Dentist's Report: For the Prenatal Care Health Professional

Date:

Patient's Name: (First)___________________________________(Last): ___________________

DOB: ______________

Diagnosis:____

Treatment plan: (check all that apply):

	Dental examination
	Dental prophylaxis
	Scaling and root planning
	Extraction
	Dental X-rays with abdominal and thyroid lead shield
	Local anesthetic with epinephrine
	Root canal
	Restorations filling cavities
	Other, specify

Name:_______________________________________Date: ________________ Phone: __________

Signature: ____

Contact information:____

Adapted from: Kumar J, Samelson R, eds. (2006). Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines. Albany, NY: New York State Department of Health. Accessed on May 17, 2009