



Dr. Michael Kokolis D.D.S

Phone: 718-352-5582

Fax: 718-352-5584

MEDICAL CLEARANCE FOR DENTAL TREATMENT

Date: _____

Dear: _____

Our mutual patient, _____ (DOB _____)
is scheduled for dental treatment.

Treatment may include:

- Cleaning (simple or deep)
- Radiographs
- Fillings, Crowns, Bridges
- Extraction (simple or surgical) and other indicated oral surgery
- Root Canal Therapy
- Nitrus Oxide
- Local anesthetic (with epinephrine)

Please list medical problems, diseases & issues:

Please provide patients current medication:

Please indicate any patient history of bisphosphonate therapy, anti-angiogenic therapy or RANK-L inhibitor therapy (denosumab):

If above medication therapy is administered, patient is to discontinue medications for 3 months before and 3 months after surgical procedure to decrease patient risk of MRONJ (medication related osteonecrosis of the jaws). Elected surgical treatment will otherwise not be performed.