



PAUL VARTABEDIAN, DDS

*Prosthetic, Cosmetic & Implant Dentistry*

YOUR SMILE. OUR PASSION.

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

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

Dear Doctor \_\_\_\_\_

Our mutual patient has indicated one or more of the following on their health questionnaire:

Artificial heart valve, Prosthetic joint replacement, Anti-coagulant drug therapy,

Other: \_\_\_\_\_

Please indicate below which protocol you wish us to follow:

- NO, it is not necessary to pre-medicate this patient.
- YES, please pre-medicate this patient with one of the following medications:
- Amoxicillin ..... 2.0gm 1 hour prior to procedure
- Clindamycin .....600mg 1 hour prior to procedure
- Cephalexin ..... 2.0gm 1 hour prior to procedure
- Discontinue anti-coagulant \_\_\_\_\_ days prior to procedure and for \_\_\_\_\_ days after procedure.
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please feel free to call if you have any questions!

Thank you,

Paul Vartabedian, D.D.S.

Member American College of Prosthodontics

Member American Dental Association

Member California Dental Association

\_\_\_\_\_  
Signature of M.D.

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