



|                      |                      |
|----------------------|----------------------|
| <b>Referred by:</b>  | <b>Patient Name:</b> |
| <b>Phone Number:</b> | <b>DOB:</b>          |
| <b>Fax Number:</b>   | <b>Phone Number:</b> |

**This patient is cleared for routine evaluation and dental care, which may include but is not limited to:**

- Dental X-rays as needed for diagnosis (with abdominal and neck lead shield)
- Oral health examination
- Scaling and root planing
- Restoration of untreated caries
- Root Canal
- Extraction
- Standard local anesthetic (lidocaine with or without epinephrine)

**\*\*See reverse side for additional pharmaceutical recommendations\*\***

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Referred to: \_\_\_\_\_

**Reason for referral:**  Routine  Bleeding gums  Pain  Other: \_\_\_\_\_

Week's gestation (at time of referral) \_\_\_\_\_ Estimated delivery date: \_\_\_\_\_ Primary language spoken: \_\_\_\_\_

**Known Allergies:** NONE  YES  (Drug(s)/Reactions): \_\_\_\_\_

Significant Medical Conditions: NONE  YES : \_\_\_\_\_

**Current Medications:**  NONE  Prenatal Vitamins  
 Iron  Calcium  OTHERS (Attach List)

**Additional Precautions:**  NONE  YES (please list additional comments or instructions)

**Dental Provider: Please fax information back to prenatal care provider (number above) after initial visit.**

Exam date: \_\_\_\_\_  Normal Exam/Recall  Missed Appt.

Additional visits needed for  Caries  Periodontitis  Referral for Oral surgery  Other \_\_\_\_\_

Comments:

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: \_\_\_\_\_



\*Adapted with permission from "Oral Health During Pregnancy and Early Childhood: Evidence -Based Guidelines for Health Professionals. California Dental Association. 2010."

# Pharmacological Considerations for Pregnant Women

The pharmacological agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

| Pharmaceutical Agent   | Indications, Contraindications, and Special Considerations   |
|--|--|
| <b>Analgesics</b>  |  |
| Acetaminophen  | May be used during pregnancy.  |
| Acetaminophen with Codeine, Hydrocodone, or Oxycodone                          |  |
| Codeine  |  |
| Meperidine   |  |
| Morphine   |  |
| Aspirin  | May be used in short duration during pregnancy; 48 to 72 hours. Avoid in 1st and 3rd trimesters.   |
| Ibuprofen  |  |
| Naproxen   |  |
| <b>Antibiotics</b>   |  |
| Amoxicillin  | May be used during pregnancy.  |
| Cephalosporins   |  |
| Clindamycin  |  |
| Metronidazole  |  |
| Penicillin   |  |
| Ciprofloxacin  | Avoid during pregnancy.  |
| Clarithromycin   |  |
| Levofloxacin   |  |
| Moxifloxacin   |  |
| Tetracycline   | Never use during pregnancy.  |
| <b>Anesthetics</b>   |  |
|  | Consult with a prenatal care health professional prior to using intravenous sedation or general anesthesia.  |
| Local anesthetics with epinephrine (e.g., Bupivacaine, Lidocaine, Mepivacaine) | May be used during pregnancy.  |
| Nitrous oxide (30%)  | May be used during pregnancy when topical or local anesthetics are inadequate. Pregnant women require lower levels of nitrous oxide to achieve sedation; consult with prenatal care health professional. |
| <b>Antimicrobials</b>  |  |
|  | Use alcohol-free products during pregnancy.  |
| Cetylpyridinium chloride mouth rinse   | May be used during pregnancy.  |
| Chlorhexidine mouth rinse  |  |
| Xylitol  |  |

Source: Reproduced, with permission, from Oral Health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center.