Dental Clearance for Shoulder Replacement Surgery

Thank you in advance for evaluating this patient for upcoming joint replacement surgery. As part of our standard pre-operative work up our Division requests that all patients be evaluated by a dentist for evidence of active periodontal infection. In addition, we recommend joint replacement patients avoid dental procedures and routine maintenance within the first 6 months of their recovery to avoid infection. We appreciate your help in optimizing the safe and effective care of our patient's musculoskeletal condition.

Sincerely,

CDR Joseph Lynch, MC, USN
Director, Division of Sports Medicine & Shoulder Surgery
Department of Orthopedic Surgery
Naval Medical Center San Diego

☐ No evidence of periodontal infection or current need for dental treatment/maintenance, may proceed with elective joint replacement

☐ Requires Additional Dental Procedure(s)

Provider Name _____ Provider Signature _____ Date

Diagnosis and necessary treatment (may include in attached note):