



BLACK DIAMOND

Dentistry

31527 3rd Ave | Black Diamond, WA 98010 | (360) 886-1300
25052 104th Ave SE Suite E | Kent, WA 98030 | (253)852-8787

Prophylactic Premedication Indication Form

Before some dental treatments, patients who have certain heart conditions and those with artificial joints take antibiotics. These people may be at risk of developing an infection in the heart or at the site of the artificial joint. Antibiotics reduce this risk. This is called Antibiotic Prophylaxis. Antibiotic prophylaxis guidelines exist for two groups of patients:

- People with Heart conditions
- People with Joint Replacements

Patient name: _____

Please circle your answer for premedication before dental treatment:

- I do require Prophylactic Antibiotic Coverage for Prevention of Bacterial Endocarditis (infection)
- I do not require Prophylactic Antibiotic Coverage for Prevention of Bacterial Endocarditis (infection)

Comments: _____

If you do require antibiotics before dental treatment please provide the following information.

Please indicate reason for premedication: _____

Physician/Surgeon's name _____

Office phone number _____

Date _____

Signature _____