UW Medicine
TRANSPLANTATION SERVICES

DENTAL CLEARANCE FOR PRE-KIDNEY TRANSPLANT EVALUATION

Dentist Name _____ Office Phone # _____

Patient Name _____ Date of Exam _____

1. **Dental Condition?** **GOOD** **POOR**
2. **Are teeth and gums free of infection?** **YES** **NO**

   If no, what is the treatment plan? _____

   _____
3. **Any major restorative treatment needed?** **YES** **NO**

   If yes, what? And when? _____

   _____
4. **Other comments** _____

   _____

General principles for transplant patients:

1) Prefer that dental problems be taken care of prior to transplant

2) Prefer to delay "routine care" in the first month after transplant. Emergencies and infections should be treated as soon as possible.

3) After transplant, patient should receive antibiotic prophylaxis as recommended by the American Heart Association.

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