

# Dental Clearance for Pre-Kidney Transplant Evaluation

To Patient: Please give form to your dental provider.

To Whom It May Concern:

Your patient is undergoing an evaluation for transplantation. As a routine part of the evaluation, patients are required to have a current assessment of their dental health. Patients need to be cleared for any dental abscess or infection. Please complete the following when the assessment is complete and send to:

Attn: David Villez, RN  
UWMC Kidney/Pancreas Transplant Services  
1959 NE Pacific Street, Box 356174  
Seattle, WA 98195-6174

**FAX to (206) 598-2201**

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

1. Dental Condition:                      GOOD          FAIR          POOR

2. Are teeth and gums free of infection?          YES          NO

3. If no, what is the treatment plan?

\_\_\_\_\_

4. Date of Exam: \_\_\_\_\_

Dentist Name (printed): \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

\*\* After transplant, patients should receive antibiotic prophylaxis as recommended by the American Heart Association.

PLACE PATIENT LABEL HERE

## **UW Medicine**

Harborview Medical Center – University of Washington Medical Center  
UW Medicine Primary Care – Valley Medical Center – UW Physicians

## **DENTAL CLEARANCE PRE-KIDNEY TRANSPLANT EVALUATION**

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