



3817 Forrestdge Drive Winston Salem, NC 27103

Kenneth G. Tomberlin, MD
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Phone: 336.765.9314
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PRE-OPERATIVE DENTAL CLEARANCE

We would like to have our patient cleared as much as possible for any tooth or gum infection prior to surgery. Please take dental x-rays adequate to evaluate any periapical pathology, unless films are current (within 6 months). If xrays are indicated, it is only necessary to include all natural teeth. We depend on the dentist for interpretation of any old or new x-rays or other diagnostic procedures, and prefer not to have the dental films sent to our office. We also suggest a recent prophylaxis, clinical examination, and periodontal charting to ensure the gingival tissue is not a source of infection. In case dental care is necessary, it would be preferable to get it accomplished prior to joint replacement. A note or a phone call would be appreciated after the evaluation. Please find attached form for your convenience.

Thank you in advance for you cooperation in caring for our mutual patient.

Sincerely,
Thomas C. Spangler, M.D.

Procedure: _____

Patient Name: _____ DOB: _____

Dentist: _____ Date: _____

I have performed a dental and oral evaluation of the above patient and found no dental or periodontal infection. Any required dental procedures have been performed, or will be performed, prior to the patient's joint surgery.

Signature

Please fax to:
Fax: 336-765-9313
Attention: Surgery Scheduler
Phone 336-765-9314



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POST TOTAL JOINT ANTIBIOTIC PROPHYLAXIS

When a Joint Replacement patient is going to have dental manipulation, it would be advisable to have antibiotic coverage such as Augmentin 875mg (see below). If the patient is allergic, another broad-spectrum antibiotic would be suggested.

Thank you in advance for you cooperation in caring for our mutual patient.

Sincerely,
Thomas C. Spangler, M.D.

Preferred dosage: Augmentin 875mg #4 1 tab night before procedure; 1tab AM before; 1 tab PM after, then 1 tab next morning (**Not to be used** if patient allergic to penicillin)

If allergic to Penicillin: Cipro 500mg #6 On the day before the procedure take one tab in the morning and one in the evening. On the day of the procedure, take one tab in the morning and 1 tab 2 hours prior to the procedure. On the day after the procedure, take 1 tab in the morning and 1 tab in the evening.

Patient: Please take this letter to your Dentist.



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Revised 1/7/10

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