

Smiles By Staci, Dental Hygiene Practice of
Staci Billy, BS, RDHAP #356
4021 Calle Abril, San Clemente, CA 92673-2603

Phone (949) 573-1549
Fax (949) 489-3323
Staci@smilesbystaci.net

Medical Order Request Form

Standing Order valid 24 months from date of signature

Date: _____

Patient Name: _____ DOB: _____

Residing at: _____

Patient's Specific Medical Condition: _____

Patient may have Oral Hygiene Services, including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, chlorhexidine, irrigation, sealants and fluoride treatments by Staci Billy, Registered Dental Hygienist in Alternative Practice, PRN at the patient's residence, due to the patient's disability/inability to travel and to be treated in a dental office.

Does this patient have any medical history concerns that would require pre-medication therapy?

No _____

Yes _____ Reason for premed _____

Medication you would like to prescribe _____

****Please call in the prescription to patient's pharmacy****

If the patient is on an anticoagulant, should this medication be stopped prior to treatment?

N/A _____

No _____

Yes _____ Number of days before _____

Is there any other reason for medications to be added/discontinued or altered prior to treatment?

No _____

Yes _____ Reason _____

Physician's Signature: _____ Date: _____

Physician's License# _____

Thank you for your prompt response. Please fax this approved request to (949) 489-3323