



Kimberly S. Ochoa, RDHAP, BASDH

3319 El Capitan Ct

Merced, CA 95340

Phone: (209) 761-0262

Fax: (209) 722-8821

E-Mail: dentalhygiene2u@sbcglobal.net

Medical Order Request

Standing Order valid 18 months from date of signature

Fax No: _____ Date: _____

To: _____ From: **Kimberly S. Ochoa, RDHAP**
California License # HAP 146

Patient Name: _____

DOB: _____ SS # _____

Residing at: _____

Patient may have ORAL HYGIENE services including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, chlorhexidine gluconate irrigation, fluoride treatments and Oraquix topical for pain control by Kimberly S. Ochoa, RDHAP, PRN at the patient's residence, due to the patient's disability and/or inability to travel and be treated in a dental office.

Physician's Signature: _____ License # _____

Is there need for pre-treatment antibiotic therapy? No___ Yes___

Please indicate any medical conditions or concerns that would require Endocarditis Prophylaxis for the above such as, but not limited to:

- **MVP w/Regurgitation**
- **Recent Heart Surgery**
- **Pacemaker/Defibulator**
- **Prevent Bacterial Endocarditis**
- **Severe Heart Disease**
- **Surgical Shunt**
- **Other Surgery** Hip___ Knee___ Joint___ Other___
- **Other reason:** _____

If so, what medication would you like to prescribe? _____

If the patient is on an anticoagulant, should this medication be stopped prior to treatment? NA___ No___ Yes___ Number of days before _____

Is their any other/additional reason for any medications to be added/discontinued or altered prior to treatment? No___ Yes___

Explanation: _____

Thank you for your prompt response.
Please fax this approved request to: (209) 722-8821