Mahnaz Tayarani (RDHAP)
In-home dental hygiene services

Medical Order Request for Dental Hygiene Treatment

Physician's Fax No:
Physician's Name:

Patient Name:
Residing at:

Date:
From: Mahnaz Tayarani RDHAP
CA license # HAP 388
DOB:

Because of the patient's disability and /or inability to travel and be treated in a dental office, the patient may have Oral Hygiene services performed by Mahnaz Tayarani, RDHAP, and associates, including oral screening, oral prophylaxis, periodontal maintenance, scaling and root planning, oral care plan, and any of the following:

Chlorhexidine Gluconate PRN, lip balm PRN, Fluoride Treatment PRN, Oraqix topical (2% lidocaine / 2% Prilocaine) PRN, 20% Benzocaine topical PRN, Silver Diamine Fluoride application PRN.

Physician's Signature: _____ License#: _____

Is there need for pre-treatment antibiotic therapy? Yes □ No □

If so, what medication would you like to prescribe?

Please indicate if this patient has any medical concerns that would require endocarditis prophylaxis, such as, but not limited to:

- ☐ Congenital heart disease
- ☐ Previous infective endocarditis
- ☐ Prosthetic cardiac valve
- ☐ Mitral valve regurgitation
- ☐ Other, please list them
- ☐ Pacemaker/defibrillation
- ☐ Sever heart disease
- ☐ Surgical shunt
- ☐ Hip / Knee / Joint replacement

If the patient is on an anticoagulant, should this medication be stopped prior to treatment?
NA □ No □ yes □

Appreciate your prompt response.

Please mail or email the approved request to the following address.

P.O. Box 3 Mill Valley, CA 94942 Tel: (415)323-9006
info@myrdhap.com
www.myrdhap.com