



Rx Prescription for Dental Hygiene Services

Standing Order Valid for two (2) years from Date of Service

The Dental Board of California requires the Registered Dental Hygienist in Alternative Practice to obtain this Medical Order Request within the first 18 months of the start of the dental hygiene treatment.

Prescriber:

OFFICE:

Fax:

Patient:

DOB:

Facility Name:

This patient has been examined and may have ORAL HYGIENE mobile services provided by Mahnaz Tayarani, RDHAP, or another RDHAP acting as an agent of MYRDHAP In-Home Dental Hygiene Practic of Mahnaz Tayarani RDHAP. Treatment shall include oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, Chlorhexidene irrigation, Fluoride treatments PRN, Silver Diamine Fluoride upon express consent and PRN, Oraquix Topical Anesthetic (2% Lidocaine/2% Priolocaine) PRN, Cetacaine Topical Anesthetic PRN at the patient's residence due to the patient's disability and/or inability to travel and be treated in a dental office.

IS THERE A NEED FOR A PROPHYLACTIC ANTIBIOTIC? No Yes (If Yes, please fill out Rx below)

IF PATIENT IS ON AN ANTICOAGULANT, SHOULD THIS MEDICATION BE STOPPED PRIOR TO TREATMENT? No yes (If Yes, please fill out Rx next page) NUMBER OF DAYS BEFORE _____

Physician / Dentist Signature _____
License # _____
Date _____

Printed Name self/guardian

Please send this document via email to Mahnaz Tayarani
info@myrdhap.com

Rx _____

Disp:

Sig:

Refills:

For 24 months from date of this Standing Order

Prescriber Signature
