



Physician's Name _____
Phone _____ Fax _____

### Release for Dental Work During Pregnancy

Date \_\_\_\_\_

\_\_\_\_\_  
Patient Name DOB \_\_\_\_\_

- is in our office **NOW** for an appointment.
- has an appointment in our office on \_\_\_\_\_

Dental radiographs and treatment often become necessary to maintain the health of a mother and child; untreated dental infections can pose risk to an unborn child. Radiation from dental X-rays is extremely low. We will perform routine oral hygiene care at any time during the pregnancy but prefer to perform any immediate needed dental treatment during the *second trimester* and will reserve all remaining needs until after the birth of the child.

Our office will use the following precautions to minimize radiation exposure.

- Double Full lead apron
- Thyroid lead collar shield

Please indicate:

\_\_\_\_ # Weeks Pregnant

- Complications associated with this pregnancy \_\_\_\_\_
- History of complications with any previous pregnancies \_\_\_\_\_
- Treatment Restrictions \_\_\_\_\_

No Restrictions for this patient. Date of last visit: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Print) Physician's Signature Date

Smithfield Family Dentistry 910 S Bright Leaf Blvd. Smithfield, NC 27577	Ph# (919) 934-1333 Fax# (919) 934-4748
Creedmoor Family Dentistry 110 W. Church Street Creedmoor, NC 27522	Ph# (919) 528-4004 Fax# (919) 528-2211
Pittsboro Family Dentistry 987 East Street Pittsboro, NC 27312	Ph# (919) 545-9500 Fax# (919) 542-0904
Roxboro Family Dentistry 347 S. Madison Blvd. Roxboro, NC 27537	Ph# (336) 599-1349 Fax# (336) 332-3776
Leland Family Dentistry 117-H Village Rd. Leland NC 28451	Ph# (910) 371-5664 Fax# (910) 371-5667