

Gardetto Family Community Dental Clinic
St. Ann Center for Intergenerational Care
Bucyrus Campus
2450 W. North Ave
Milwaukee, Wisconsin 53205
414-210-2440 (Main)
414-210-2444 (Fax)

Physician/Dentist Referral & Medical Clearance Form

Patient Name: _____ D/O/B: _____

Caregiver Name: _____ Caregiver Phone Number: _____

Physician/Dentist Name: _____

Ph. _____ Fax: _____

Doctor Specialty: _____

Doctor Address: _____

Gardetto Family Community Dental Clinic is for children and adults with moderate to severe cognitive and/or physical disabilities. Because of our limited space we ask the referring doctor to explain the reason why this current patient cannot be placed in a standard dental practice or clinic.

Condition Name: _____

Please evaluate this patient's medical history and advise us of any special considerations that should be made.

Antibiotic prophylaxis: Yes. ___ No ___
Type of antibiotic allowed/recommended: _____

Interruption of anticoagulants: Yes ___ No ___
How long before and after treatment. _____

Anesthetic restrictions: Yes ___ NO ___ Is Epinephrine OK? Yes ___ No ___

Type of pain medication allowed/recommended: _____

Short explanation of cognitive/physical special needs:

Doctor Signature _____ Date: _____

****Appointment will not be set until a referral is received***

****Please attach a medication list if applicable****