



SMHC Ortho and Sports Medicine
46 Barra Rd, Suite 103
Biddeford, ME 04005-9461
Phone: 207-283-1126
FAX: 207-294-3544

Surgery date:

DENTAL CLEARANCE LETTER

To whom it may concern,

Our mutual patient, noted above, is scheduled to undergo orthopedic joint replacement surgery at SMHC in Biddeford. Prior to surgery, it is important to verify that the patient has had a dental exam within the past six months, has no current dental infection and no anticipation of dental care within the next 6 weeks.

This letter is an important part of our preoperative requirements needed in order to schedule surgery. Please fax this letter back to us as soon as possible.

Thank you for your assistance,

SMHC Orthopedics

I certify that the patient has had a dental exam within the past six months and does not have a dental infection requiring treatment.

Date of last dental exam: ___/___/___

Dentist name (please print): _____

Dentist signature: _____

Date: ___/___/___

Please fax this completed letter to SMHC Orthopedics:

Sanford: 207-490-5733

Biddeford: 207-294-3544