



A Division of Orthopaedic Centers of Wisconsin, S.C.

3901 Stewart Avenue, Wausau, WI 54401 | Phone: 715-907-0900 | Fax: 715-803-6977 | www.oaw-ortho.com

As part of our ongoing efforts to reduce the risk of post-operative infections, we ask all patients planning to undergo joint replacement surgery to obtain clearance from their dentist. We want to be sure there is nothing in the patient's gum-line or teeth that will pose an infection risk now or immediately after surgery. Please fill out the information below and select your recommendation pertaining to our mutual patient's risk level. Thank you!

Name of Patient: _____ DOB: _____

Orthopaedic Surgeon: _____

Please select one:

- I see nothing in this patient's teeth or gum-line that could pose a risk for infection. In my opinion, they are safe to proceed with total joint replacement.
- The patient requires further dental treatment and should not pursue total joint replacement at this time.

Signature of Dentist _____ Date: _____

Name of Dentist _____

Name of Dental Office _____

Address of Dental Office _____

Phone Number _____ Fax Number _____

Thank you for assisting us to provide the best care possible to our patients! If you have any questions, please contact our office.