

Prescription to Dental Hygienist.

Referring Dentist	GDC Number:
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(address)	(date)
Contact no's:	

Please refer to the dental charting and provide the following treatment for:

Patient Name:	Contact details:
Date of Birth:	Address:

Relevant Medical History for this patient includes:

Acclimatisation to dental care and appropriate behavioural modification.

Dental Anxiety Score 1-----10

Radiographs as circled, with report:
(Please enclose copies) PA's

Not Very

E D C B A	A B C D E
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
E D C B A	A B C D E

Please provide the following:

Periodontal care:

BPE

UR	UC	UL
LR	LC	LL

6pt periodontal pocket charting in the following sextants
(Please enclose copy)

UR	UC	UL
LR	LC	LL

Disclose	Clean with Toothbrush
Prophylaxis	Hand Scale
Ultrasonic Scale	Interproximal Oral Hygiene aids - Floss / Brushes
Root Surface Debridement	With LA (see Below)
Other (specify):	

Local Anaesthetic should be used as follows:

Topical Anaesthetic
 Injection:

Drug	Dose (max no. of cartridges)	Route
Lignocaine 2% 1:80,000 Adrenaline		Infiltration: IDB / LB / LBNB
Articaine 4% 1:200000 Adrenaline		Infiltration: LBNB
Other (specify)		Infiltration: IDB / LB / LBNB

Any other comments:

Signed:

Date: