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**PREOPERATIVE DENTAL CLEARANCE** Orthopedic Surgeon Name: \_\_\_\_\_

In order to prevent postoperative infections, we recommend that all patients receive a dental examination along with cleaning/restoration prior to total joint replacement surgery. This dental clearance is valid for one year.

In order to prevent surgical delays, patients are encouraged to complete any outstanding dental work as soon as possible. The time frame in which dental work should ideally be completed prior to joint replacement surgery is as follows:

- Dental cleaning and fillings: 6-8 weeks
- Crowns, root canals, dental extractions, major restorative surgery: 6-8 weeks

Please notify your Case Manager if you experience any emergency dental issues in the weeks leading up to your surgery.

DENTAL CLEARANCE

Please include as part of this dental clearance that healing post procedure has occurred and there are no infection concerns.

This is to verify: \_\_\_\_\_  
(PATIENT NAME)

D.O.B. \_\_\_\_\_

Completed their dental clearance on: \_\_\_/\_\_\_/\_\_\_\_\_

Work completed/concerns:

\_\_\_\_\_  
\_\_\_\_\_

Dentist name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_