

# ATTENTION

**IF YOU** have a **HEART MURMUR, MITRAL VALVE PROLAPSE**, a history of **RHEUMATIC FEVER**, are undergoing **DIALYSIS** or have **ANY IMPLANTS** such as a **HEART VALVE, HIP** or other **JOINT REPLACEMENTS**, please advise the receptionist immediately.

The American Heart Association recommends for those with pathologic heart murmurs, history of rheumatic fever, certain implants, etc. to premedicate with Amoxicillin, in the amount of 2,000 mgs. one hour (1) before a dental appointment. For those allergic to Penicillin (Amoxicillin), the recommended dose for Cleocin is 600 mgs. one hour (1) before a dental appointment.

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**IF YOU DO NOT** HAVE ANY OF THE ABOVE, **STOP.**

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**IF YOU** HAVE ANY OF THE FOLLOWING PLEASE FILL OUT AND SIGN THIS FORM. YOU MAY HAVE TO **PREMEDICATE WITH ANTIBIOTICS** BEFORE THIS AND FUTURE APPOINTMENTS.

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**PLEASE CHECK** THE REASON YOU THINK YOU SHOULD PREMEDICATE:

- HEART MURMUR
- MITRAL VALVE PROLAPSE
- RHEUMATIC HEART FEVER
- ARTIFICIAL HEART VALVE OR VALVES
- HIP, KNEE, OR OTHER JOINT REPLACEMENTS
- DIALYSIS
- IMPLANTS (please specify: \_\_\_\_\_)

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**PLEASE SIGN** BELOW ONLY IF YOU HAVE PREMEDICATED  
I HAVE TAKEN ANTIBIOTICS IN THE DOSE AND AT THE TIME INDICATED BELOW.

Type of Antibiotic	Dose	Time	Date
_____	_____	_____	_____
	signature		date

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## FOR OFFICE USE ONLY

PREMEDICATION FOR THIS APPOINTMENT OCCURRED TODAY \_\_\_\_\_  
date time

WITH \_\_\_\_\_ of \_\_\_\_\_ : via orally \_\_\_\_; I.M. \_\_\_\_; I.V. \_\_\_\_; \_\_\_\_\_  
Milligrams antibiotic type staff signature