



DEPARTMENT OF THE ARMY
 HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
 1 JARRETT WHITE ROAD
 Tripler AMC, Hawaii 96859-5000

REPLY TO
 ATTENTION OF

Dear Dr. _____

Your patient _____ is scheduled to undergo a total joint replacement surgery at Tripler Army Medical Center. It is requested that a dental screening be done to assess for potential sources of infection in the oral cavity that could cause a joint infection.

Please provide a brief note. For example: "The patient is free from potential sources of infection in the gums and oral cavity" or "The patient is cleared for surgery from a dental prospective" or please check the appropriate box below based on your evaluation. The results of your screening can be faxed to (808) 433-5806, ATTENTION: Total Joints Service.

Please provide your contact information so that we may contact your office if we have any questions and/or need to verify any information.

 Licensed physician's name signature Date

Address: _____

Phone number: _____ Fax number: _____

<input type="checkbox"/>	Patient has no sources of oral infection/cleared for total joint surgery.
<input type="checkbox"/>	Patient is NOT cleared for total joint surgery and will need dental work done.

It is requested that no elective dental work occur for 3 months following surgery. After surgery, it is recommended the patients take prophylactic antibiotics prior to any dental procedure. The recommended antibiotic is to be taken orally one hour prior to the dental procedure: 2 grams of Cephalexin, Cephadrine, or Amoxicillin. If allergic to Penicillin, use Clindamycin 600 mg.

Your assistance is greatly appreciated. For any further questions, please contact me at 433-5815.

Sincerely,

Duke Yim, MD
 Major, Military Corps, US Army
 Chief, Total Joints Orthopedic Service
 Tripler Army Medical Center