

# MOBILE DENTAL HYGIENE CARE, INC

Denise Cozza, RDHAP  
California License: HAP #189

Maureen Kaye, RDHAP  
California License: HAP #171

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

From: **MOBILE DENTAL HYGIENE CARE**

Fax Number: **1 888 315-4645**

## Medical Order Request

Patient Name: \_\_\_\_\_

Residing at: \_\_\_\_\_

**Patient may have Oral Prophylaxis and Fluoride Treatment, PRN by the Registered Dental Hygienist in Alternative Practice, due to patient's disability and/or inability to travel and be treated in a dental office. This service can also be offered as an adjunct therapy for those receiving annual oral care.**

Physician's Signature: \_\_\_\_\_ License # \_\_\_\_\_

DEA# (if applicable) \_\_\_\_\_

Does this patient have any medical concerns that would require pre-medications?

Heart Murmur

Mitral Valve Prolapse

Pacemaker

Hip or Joint Replacement

Other: \_\_\_\_\_

What medication would you like to prescribe:

**If you have any questions, please call our office at: (805) 441-0454**

Thank you for your prompt response.  
Please fax this approved request to:

**FAX # 1 888-315-4645**