



GARDNER
Dental Care

Dr.s Mabe & Markway

124 S. Elm Street
Gardner, Ks 66030
(913)856-7123
Fax (913)856-7121

Pregnancy Release Form for Dental Procedures

Name: _____ Is scheduled for an appointment
in our office on: _____.

Legal Name: _____

DOB: _____

Phone #: _____

Dental appointment for _____
(treatment)

Is currently pregnant and her due date is _____
(date)

Y/N
_____ Has pregnancy complications.

_____ Is physically able to participate in dental treatment
_____ on _____.

_____ Can use local anesthesia, with or without vasoconstrictors.

_____ Can have radiographs with lead apron shield.

COMMENTS: _____

Please fax back form authorizing _____ may or may not
(name)
be seen in our office for the above discussed dental treatment.

Authorizing Signature: _____

If you should have any questions, please do not hesitate to contact my
office in Gardner at (913)856-7123. FAX: (913)856-7121

Sincerely,

Gardner Dental Care

Date: _____