Anand Srinivasan, M.D.
Orthopedic Surgery
9650 Gross Point Rd, Suite 2900
Skokie, IL 60076
Phone (847) 866-7846/ Fax (224) 251-2905

TOTAL JOINT REPLACEMENT
PRE-OPERATIVE DENTAL CLEARANCE

DATE: _____
Dear Doctor:

Your patient, _____ , is scheduled for a joint replacement surgery on
at Skokie/ Highland Park Hospital.

Please have the patient evaluated AT LEAST TWO WEEKS prior to surgery. This allows time to complete any necessary dental work when required.

To minimize the complication of an infection post total joint surgery, which might originate from chronic periodontal disease or neglected dental caries, we ask that each patient have a dental exam and any needed treatment completed prior to their surgery. Your professional evaluation of our mutual patient will be greatly appreciated.

As you are aware, prophylaxis with antibiotics is necessary after total joint replacement.

Thank you for your cooperation and assistance.

If you have any questions, please do not hesitate to call us at (847) 866-7846.

Thank you,

Dr. Anand Srinivasan
Orthopaedic Surgery

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Patient's name: _____ Patient's date of Birth: _____

Visit date:_____ Date of Joint Replacement: _____

FINDINGS:

_____

_____

_____

Pre-Operative Recommendations:

_____ (a) No treatment required

_____ (b) The following procedures are required before surgery:

_____

_____

_____

_____ (c) The following procedures will be required two to three months after surgery:

_____

_____

_____

Dentist's Signature:

_____

Print name:

_____

DDS Office Phone #:

_____

If your office does not have EPIC access: please **FAX** H&P and testing results to
Skokie: 1-847-933-6772 or **Call Skokie:** 1-847-933-6762 If you have any question.
Highland Park: 1-847-480-3988 or **Call HP:** 1-847-480-2793 If you have any question.