



Cleveland Avenue Dental Center  
501 N. Cleveland Avenue, Suite 1  
Winston-Salem, NC 27101  
336-703-3090

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## CONSULTATION REQUEST

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phones: \_\_\_\_\_ Address: \_\_\_\_\_

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The patient is currently \_\_\_\_\_ weeks pregnant with an expected due date of \_\_\_\_\_.

The following are approved during all trimesters of the pregnancy. (Please check all that apply).

\_\_\_\_\_ Local anesthetic with small amounts of epinephrine

\_\_\_\_\_ Local anesthetic without epinephrine (ONLY)

\_\_\_\_\_ X-rays if necessary with the abdomen double shielded with lead apron (4 Bitewings)

\_\_\_\_\_ Amoxicillin, Penicillin

\_\_\_\_\_ Erythromycin

\_\_\_\_\_ Tylenol

\_\_\_\_\_ Vicodin

\_\_\_\_\_ Tylenol #3

Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
OB/GYN provider (printed name and signature)