

**UT Southwestern Medical Center at Richardson/Plano**  
**Sports Medicine Clinic**  
972-669-7179

Dear Doctor:

Thank you for allowing me to participate in the care of your patient. My goal is to provide your patient with the best, cutting edge, and comprehensive joint care.

I have scheduled them for surgery and request your preoperative dental assessment. As you know dental health is vital to overall health and especially health after an arthroplasty.

Please evaluate and treat for preoperative dental optimization and document a risk assessment, then fax all documents to 972-669-7110. Also, please do not hesitate to contact me if any other issues may arise.

Sincerely,



**Joel E. Wells M.D., M.P.H.**  
Assistant Professor  
Joint Preservation, Resurfacing and Reconstruction  
Phone 972-669-7179  
Fax 972-669-7110

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**Dr. Joel Wells - Total Joint Replacement Dental Evaluation Request**

Patient \_\_\_\_\_ DOB \_\_\_\_\_ is scheduled for joint replacement surgery on \_\_\_\_\_.

Please assist us by providing pre-operative dental evaluation for the planned surgery. Should your evaluation require further work-up or produce findings that may delay this elective surgery, please contact us as soon as possible.

Dental concerns including obvious areas of infectious/inflammatory periodontal disease; symptomatic apical radiolucencies and/or teeth with a fistula track are to be resolved or extracted. Resolving infectious dental disease does not guarantee that patient is free of all dental problems, only areas of infection that could relate to orthopaedic surgery complications.

- Patient of record had a visit on \_\_\_\_\_ and at that time was free of infectious/inflammatory periodontal disease and symptomatic apical pathology therefore no further dental care is recommended prior to orthopaedic surgery. **Low risk** for existing dental condition to affect prosthetic surgical morbidity.
- Based on my clinical exam dated \_\_\_\_\_ patient is free of infectious/inflammatory periodontal disease and symptomatic apical pathology therefore no further dental care is necessary prior to orthopaedic surgery. **Low risk** for existing dental condition to affect prosthetic surgical morbidity.
- Although patient appears free of oral infection, there exist dormant oral conditions that may harbor bacteria; therefore, conditional clearance is given with the recommendation patient received appropriate precautionary antibiotic coverage. **Medium risk.**
- Dental clearance is not given. I have either not seen patient or my exam findings indicate infection that could pose a risk for orthopaedic surgery. **High risk.**

Dentist signature \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_