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To Whom It May Concern,

RE: Dental Clearance for _____

I am writing as the attending obstetrician for the above-named patient, who is currently under my care for prenatal management. Her due date is _____ and is medically stable with no obstetric contraindications to receiving routine or urgent dental care. Typically, elective dental procedures may be deferred until delivery. Management of emergent dental issues can be done during pregnancy if indicated.

Generally, the following dental treatments are permitted during pregnancy and have not been associated with obstetric complications: Dental cleanings, Cavity fillings and simple restorations, Scaling and root planning, Tooth extractions (if clinically indicated), Emergency procedures, including drainage of abscesses or

Some Precautions and Restrictions:

- **Imaging:** Dental X-rays are permitted **with abdominal and thyroid shielding**. Limit exposure to essential views only.
- **Local Anesthesia:** Lidocaine with epinephrine is safe in standard doses. Avoid excessive vasoconstrictors.
- **Medications to Avoid or Use with Caution:**
 - **Avoid:** Tetracycline, Doxycycline, NSAIDs (especially in 2nd/3rd trimesters), Metronidazole (1st trimester), Fluoroquinolones.
 - **Safe Alternatives:** Amoxicillin, Cephalexin, Clindamycin, Penicillin VK, and Acetaminophen for pain.
- **Sedation:** Avoid nitrous oxide unless cleared with OB. General anesthesia should only be used when absolutely necessary, preferably in a hospital setting.
- **Positioning:** After 20 weeks, avoid prolonged supine positioning; use slight left lateral tilt to prevent vena cava compression.

Please proceed with indicated dental care while observing the above guidelines. If there are questions regarding specific treatments or medications, feel free to contact my office.

Sincerely,

Rahil Malik MD
Obstetrician-Gynecologist

