



Kidney Transplant Program
800 East 28th Street
Chicago Avenue
Minneapolis, MN 55407-5638

Re: Dental Protocol for Transplantation

As preparation for renal transplantation it is necessary to have a thorough dental examination and completion of recommended work. The goal is to eliminate potential sources of infection, making transplant as safe as possible for the patient.

1. All patients should have a complete dental exam including prophylaxis and home care instructions per dentist recommendations.
2. Based on the dentist's professional opinion, please indicate if any other additional work is either **recommended (can be done before or after transplant) or required (must be done before transplant)** for clearance for kidney transplant.
 - X-rays
 - Scaling and / or polishing
 - Restorations
 - Extractions
 - Evaluation / treatment of periodontal disease
 - Caries
 - Impactions
 - Decay
 - Suspicious lesions evaluated
 - Other (based on dentist recommendations / opinion)
 -
3. Patients with ill-fitting dentures should have dentures relined with soft material if possible
4. If you have a full mouth dentures or do not have ANY of your teeth, your primary physician may check your mouth to be sure that there are no potential problems.
5. Some patients may require preventative antibiotics for dental work. The indications for prophylaxis may be the following: heart valve replacement, prior heart valve infection, congenital heart disease, heart transplant or other indications that should be discussed with your primary care provider.
6. Please complete the attached form and return to the Kidney Transplant Office. Copies of form may be kept in patient's chart for completion of subsequent visits.

Please return to:

Patient Name: _____ DOB: _____

Date of Exam: _____

Exam findings and recommendations: _____

Patient's dental status is cleared for kidney transplant: YES NO

If no, please indicate required work:

Follow-up recommendations: _____

Next appointment: _____

Dental Clinic / Phone: _____

Dentist's Name: _____

Dentist's Signature: _____