BMT Patient Dental Clearance Instructions

In order to minimize the risk for systemic infection before, during and after transplant, you must have a complete oral dental exam with x-rays. Please arrange an appointment with your local dentist to obtain dental clearance for your BMT admission. You may also request that an appointment be arranged for you at Michigan Medicine Hospital Dentistry, as part of your initial BMT work-up.

- Please have your dentist complete the attached *Dental Evaluation* Clearance Form and have it faxed to our clinic. Do not have copies of your dental x-rays sent to our BMT clinic.
- Before **any dental procedure** being performed (including teeth cleaning), ask your dentist to contact the Blood & Marrow Transplant Team Nurse Coordinators at telephone number (734) 936-9814, as you may have low blood counts and require medical clearance to proceed with any dental procedures.
- You will not be able to have any dental work completed during the first six months following your stem cell transplant.

We are attaching recommendations from the faculty in Hospital Dentistry at the University of Michigan School of Dentistry to help you understand oral complications of bone marrow transplant and the frequent oral complications of graft versus host disease. Please contact your BMT Nurse Coordinator if you have any questions regarding your dental clearance.

BMT Dental Evaluation Clearance Form

Patient Name:	Date of Birth:
Dental Office Name:	
Address:	
Phone:	
Date of Evaluation:	
Initial Impression / Plan:	
Conclusion:	
\square Patient is Cleared for Stem Cell	Transplant
	Cell Transplant due to the following
Date:	

Please do not send copies of the patient's x-rays to our clinic. If you need additional information regarding our request or the medical condition of this patient, please contact us at (734) 232-7589. **Please FAX your Clearance Form and treatment plan, if needed, to: (734) 232-9454.**

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