

CAR T-cell Patient Dental Clearance Instructions

In order to minimize the risk for systemic infection before, during and after CAR T-cell therapy, we are requesting you obtain a complete oral dental exam with x-rays. Please arrange an appointment with your local dentist to obtain dental clearance for your CAR T-cell therapy admission. You may also request an appointment be arranged for you at Michigan Medicine Hospital Dentistry, as part of your initial CAR T-cell therapy 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 CAR T-cell therapy clinic.
- Prior to **any dental procedure** being performed (including teeth cleaning), ask your dentist to contact the Blood & Marrow Transplant/CAR T-cell Team Nurse Coordinators at telephone number 734-647-8902, 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 CAR T-cell infusion.

CAR T-cell Dental Evaluation Clearance Form

Patient Name: _____ Date of Birth: _____

Dental Office Name: _____

Address: _____

Phone: _____

Date of Evaluation: _____

Initial Impression / Plan:

Conclusion:

Patient is **Cleared** for CAR T-cell Infusion

Patient is **NOT cleared** for CAR T-cell Infusion due to the following reasons:

Dentist signature: _____

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 734-647-8902. **Please FAX your Clearance Form and treatment plan, if needed, to: 734-232-4964.**

Chimeric Antigen Receptor (CAR) T-cell Therapy Patient and Family Resource Information. University of Michigan Health. Licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License. Last Revised: 03/2022