

Julie R Duncan, BS, RDHAP  
Mobile Dental Hygienist for those with Special Needs  
13506 Ginger Glen Rd., San Diego, CA 92130  
Phone: (858)699-3149  
E-mail: [jduncanrdhap@gmail.com](mailto:jduncanrdhap@gmail.com)  
FAX: (858)408-7519



## Medical Order Request

Standing Order valid 24 months from date of signature

Fax No: \_\_\_\_\_  
To: \_\_\_\_\_

Date: \_\_\_\_\_  
From: Julie R Duncan, BS, RDHAP  
California License # HAP 422

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Residing at: \_\_\_\_\_

Patient may have ORAL HYGIENE services including oral screening, oral prophylaxis, periodontal screening, non-surgical periodontal therapy, chlorhexidine gluconate irrigation, silver diamine fluoride, and fluoride treatments by Julie R Duncan, RDHAP, PRN at the patient's residence, due to the patient's disability and/or inability to travel and be treated in a dental office.

Physician/Dentist

Signature: \_\_\_\_\_ License#: \_\_\_\_\_

**\*\*Is there a need for pre-treatment antibiotic therapy?     NO     YES**

If yes, please indicate any medical conditions or concerns that would require prophylaxis for the above:

\_\_\_\_\_

And, what medication would you like to prescribe?

\_\_\_\_\_

**\*\*please call this medication in to the patient's pharmacy\*\***

**Is there any other/additional reason for any medications to be added/ discontinued or altered prior to treatment?     NO     YES**

Thank you for your prompt response.  
Please fax this signed request to our office: (858)408- 7519