

FAITH R BULT, DDS

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Prophylactic Premedication Indication Form

Patient: _____

Patient reports a history of: _____

Please circle your recommendation for this patient:

- The above-mentioned patient does require Prophylactic Antibiotic Coverage for the Prevention of Bacterial Endocarditis
- The above-mentioned patient does not require Prophylactic Antibiotic Coverage for the Prevention of Bacterial Endocarditis

Physician's Name and Signature

Thank you for your attention to this matter. Please fax this back to our office at (360) 715-8338.

Sincerely,

Faith R. Bult, DDS