Dentist name:

ANTIBIOTIC PRESCRIBING DATA COLLECTION FORM

	Patient details		Prescription details				Clinical Indication		
Date	Age of patient	NHS or Private	Name of Antibiotic	Dose	Frequency	Duration (days)	Diagnosis/ Reason	Relevant symptoms/issues	Details of other treatment/referral

Dentist name:

Diagnosis/Reason for prescription

1 Acute abscess
2 Chronic abscess
3 Periodontal abscess
4 Periodontal disease – NUG
5 Aggressive periodontitis
6 Chronic periodontitis
7 Pericoronitis
8 Alveolar osteitis (dry socket)
9 Acute sinusitis
10 Endodontic therapy
11 Prophylaxis for healthy patient (MOS, reimplantation of tooth, implant placement, OAF – please specify)
12 Prophylaxis for medically compromised* (please specify)
13 Other - please specify

Relevant symptoms/issues

A Signs of spreading infection (temp >37 ^{o}C, enlarged lymph nodes, trismus, swelling that may compromise airway or cause eye closure)
B Medically compromised patient (please specify)
C Referral for specialist treatment
D Failure to respond to previous treatment - please specify previous treatment (e.g. details of antibiotic previously prescribed)
E Uncooperative patient
F Other – please specify

Other treatment carried out for condition

V Extirpation
W Extraction
X Incision and drainage
Y Scaling/ root surface debridement
Z Other – please specify

* May be medically compromised due to the following conditions: immunocompromised, cardiac, total joint replacement, prosthetic implants, bisphosphonates, radiotherapy