



## Physician Report and Medical Clearance for Dental Surgery

Dear \_\_\_\_\_, M.D.:

Date of Request: \_\_\_\_\_

Our mutual patient, \_\_\_\_\_, is planning on having dental surgery with local anesthesia and possibly IV conscious sedation. **Potential intra-operative medications include:** Valium, Versed, Fentanyl, Phenergan, Dexamethasone, Lidocaine with Epinephrine, Marcaine with epinephrine, and Nitrous Oxide. **Potential post-operative medications include:** Lortab, Penicillin, Phenergan, Peridex, Cleocin, Ibuprofen, and Tylenol. Please evaluate his/her medical condition and report back to us, *in writing*, with the following information:

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**\*\*\* TO BE COMPLETED BY THE PHYSICIAN \*\*\***

Name of Reporting Physician: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Address of Reporting Physician: \_\_\_\_\_

Phone No. of Reporting Physician: ( \_\_\_\_\_ ) \_\_\_\_\_

1. List of all current medications: \_\_\_\_\_

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2. List of known medical conditions: \_\_\_\_\_

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3. List of known drug allergies: \_\_\_\_\_

4. Are there any special precautions or contraindications to the proposed treatment? *(Please be as specific as possible.)*

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5. Do you feel this patient can be safely treated in the dental office setting? Yes or No *(please circle one)*

\_\_\_\_\_  
Signature of Physician

As the reporting physician, please either use this form or send your own information. For your convenience, you may fax your response to 972/404-8557 or \_\_\_\_\_. If you have any questions regarding the above, please call Dr. David Roberts at 972/404-1911. Thank you.

Sincerely,

David L. Roberts, D.D.S., P.A., working with \_\_\_\_\_, D.D.S.

• PHONE: 972.404.1911 • FAX: 972.404.8557 •  
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