



DAVID L. ROBERTS, DDS, PA
— General Dentist Providing Oral Surgery Services —

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Medical Consultation & Physician Report for Dental Surgery

Dear _____, MD: Date of Request: _____

Our mutual patient, _____, is planning to have dental surgery with local anesthesia and possibly with IV moderate sedation. **Potential intra-operative medications include:** Valium, Versed, Fentanyl, Ondansetron, Dexamethasone, Lidocaine with Epinephrine, Marcaine with Epinephrine, and Nitrous Oxide. **Potential post-operative medications include:** Norco, Penicillin, Ondansetron, Peridex, Cleocin, Ibuprofen, Naproxen, and Tylenol. Please evaluate his/her medical condition and report back to us, *in writing*, with the following information:

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

Name of Reporting Physician _____ Date of Report _____

Address of Reporting Physician _____

Phone # of Reporting Physician: (_____) _____

1) List of all current medications _____

2) List of known medical conditions _____

3) List of known drug allergies _____

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

5) Do you feel this patient can be safely treated in the dental office setting? YES NO

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 to _____. If you have any questions regarding the above, please call Dr. David Roberts at 972.404.1911. Thank you.

Sincerely,

David L. Roberts, DDS, PA, working with _____, DDS