

Darius B Smith D.D.S., PC

IV Sedation, Extractions, Implants
Periodontal surgery, Root Canals and Consulting

832-901-4420

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MEDICAL CONSULT FOR DENTAL SURGERY & TREATMENT

Dear _____, M.D./D.O. DATE _____ FAX# _____

Patient: _____ DOB: _____

Our mutual patient is to have dental treatment that includes restorations, surgery, extractions, and/or implants.

Prior to treatment, I need to know:

1.) Are there any medical conditions that I should be aware of? If yes, please explain:

2.) Are there any special precautions required? Such as antibiotic or prophylaxis?

3.) Are there any local anesthetics contraindicated? _____

4.) Should any medications be discontinued? If yes, for how long? _____

5.) Can this patient be safely treated in the dental office setting? _____

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 832-901-4420. If you have any questions regarding the above, please call Dr. Smith at 832-901-4420. Thank you.

Sincerely,

Darius Smith, D.D.S.