

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, Toradol, Dexamethasone, Lidocaine with Epinephrine, Marcaine with epinephrine, Septocaine with epinephrine and Nitrous Oxide. Potential post-operative medications include: Norco, Amoxicillin, Phenergan, Peridex, Cleocin, Ibuprofen, Acetaminophen and Tylenol #3. 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 No. 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 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 email your response to dentalimplantsdds@gmail.com or fax# _____. If you have any questions regarding the above, please call Dr. Sam at 312.532-9691. Thank you.

Sincerely,

Samer Elbatanouny, DDS - Surgical Suites, LLC., working with _____, D.D.S.