

\_\_\_\_\_ (ofc) 503.951.9994 (cell) 503.217.9554 (fax) richard@ramdmd.com www.ramdmd.com

**MEDICAL CONSULTATION FOR DENTAL SURGERY**

**\*\*IMPORTANT INSTRUCTIONS FOR PATIENTS\*\***

This form is **only** to be used if you have a) a complicated medical history; b) questions about effects of medical conditions or medications diagnosed or prescribed by your physician; or, c) been requested by your dentist or Dr. McKinney to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. McKinney.

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:** Norco, Penicillin, Zofran, Peridex, Cleocin, Ibuprofen, 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: \_\_\_\_\_

Reporting Physician Phone #: (\_\_\_\_) \_\_\_\_\_ Physician Email \_\_\_\_\_

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 and/or send your own information. For your convenience, you may scan/email your response to Dr. McKinney at richard@ramdmd.com or fax it to 503.217.9554. If you have any questions regarding the above, please call Dr. McKinney at 503.951.9994. Thank you.

Sincerely,

Richard A. McKinney, DMD, working with \_\_\_\_\_, DDS