K. SCOTT WILLIAMS, D.D.S., P.A.
— General Dentist Providing Oral Surgery Services —
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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. Williams to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. Williams.

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. Williams at scott@kswdds.com or fax it to 972.767.3043. If you have any questions regarding the above, please call Dr. Williams at 972.743.6561. Thank you.

Sincerely,

K. Scott Williams, D.D.S., P.A., working with _____, D.D.S.