DAVID M. BURDEN
D.D.S • P.A

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, Phenergan, Dexamethasone, Lidocaine with Epinephrine, Marcaine with epinephrine, and Nitrous Oxide. **Potential post-operative medications include:** Lortab, Penicillin, Phenergan, 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: _____

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 fax your response to 512/233-2521 or _____. If you have any questions regarding the above, please call Dr. David Burden at 512/426-1189. Thank you.

Sincerely,

David Burden, D.D.S., P.A., working with _____, D.D.S.

▪ PHONE: 512.426.1189 ▪ FAX: 512.233.2521 ▪
▪ email — david@davidburdendds.com ▪ web — www.davidburdendds.com ▪

GENERAL DENTIST PROVIDING ORAL SURGERY SERVICES