Medical clearance for Dental Treatment

Under Moderate IV Sedation

Patient: _____ DOB: _____

Dear Dr. _____,

Our mutual patient, _____, is scheduled for dental treatment

under moderate IV sedation.

Not all-inclusive; some or all of these IV drugs may be used: midazolam, dexmedetomidine, ketorolac, ondansetron

Treatment may include:

_____Cleaning (simple or deep)

_____Gum Surgery

_____Fillings, Crowns, Bridges

_____Extractions (simple or surgical)

_____Implants / Bone surgery

_____Local Anesthetic (with epinephrine)

_____Root Canal Therapy

_____Other: _____

The patient has indicated the following medical conditions: _____

_____

Please evaluate this patient's medical history and advise us of any special considerations that should be made.

Antibiotic prophylaxis: ❑ Yes ❑No

Interruption of anticoagulants: ❑ Yes ❑No

How long before and after treatment: _____

Anesthetic restrictions: ❑ Yes ❑No

Is Epinephrine OK? ❑ Yes ❑No

Type of antibiotic allowed/recommended: _____

Type of pain medication allowed/recommended: _____

Any additional comments: _____

_____

Physician Name (Please Print): _____

Physician Signature: _____**Date**: _____

We appreciate your assistance in providing optimum care for our patient.

Dr John L. Smith
13916 Metrotech Drive, Chantilly, VA 20151
(Tel) 703-488-9922