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Request for Medical Consultation

Date: _____

Patient Name: _____ **DOB:** _____

I authorize the release of any medical or other information necessary to process this request for medical consultation with your physician.

Parent/Gaurdian _____ **Date:** _____

Dear Dr. _____ **Treatment Scheduled on** _____

Our patient presents to our dental office in need of comprehensive dental treatment with the following treatment needed listed below. We would appreciate your evaluation and recommendation in regards to treating him/her. This consultation will be used in evaluating this patient's health status prior to rendering any treatment as well as any modifications needed for their dental care **under general anesthesia in an outpatient setting**. Thank you for helping to provide the best care for our patient.

Medical condition (s):

Proposed Dental Treatment:

Exam and Radiographs Fillings/Crowns Root Canal Therapy
 Teeth Cleaning Extraction(s) Other: _____

Dental work will be done using:

Local Anesthesia General Anesthesia (IV)
 At and **OUTPATIENT** dental office

SECTION TO BE COMPLETED BY THE PHYSICIAN (CHECK AND INITIAL)

1. What is the patient's diagnosis? _____
2. Is the patient's medical status healthy enough to safely undergo the proposed treatment? YES NO
3. Does the patient's medical condition require prophylactic antibiotic treatment? YES NO
 - If you recommend a different prophylactic regimen from the American heart Association, please indicate _____
4. Is there any contraindications /precautions for **dental treatment under general anesthesia in an outpatient setting**? YES NO
 - If yes, please explain _____
5. Does the patient require any modification in their medical treatment/medications to undergo general anesthesia? YES NO
6. Do you feel that this patient's medical health status makes him/her suitable for dental treatment under general anesthesia in an outpatient setting? YES NO

If you would like to be contacted prior to this surgery, please check this box

Name of Physician (print) _____ **Date:** _____

Signature _____ **Phone Number:** _____