MEDICAL CONSULTATION REQUEST

To: Dr._____

_____

_____

RE: _____

_____
Date of Birth

Please complete the form below and return it to

Dr. Kevin C. Toole

480 Northfield Drive Suite 400

Brownsburg, IN. 46112

Phone# 317-286-3502

Fax# 317-286-3745

Our patient has presented with the following medical problem(s):_____

_____

_____

The following treatment is scheduled in our clinic:_____

_____

Most patients experience the following with the above planned procedures:

bleeding: □ minimal (<50ml) □ significant (>50ml)

stress and anxiety: □ low □ medium □ high

_____ _____
Dentist's signature Date

PHYSICIAN'S RESPONSE

Please provide any information regarding the above patient's need for antibiotic prophylaxis, current cardiovascular condition, coagulation ability, and the history and status of infectious diseases. Ordinarily, local anesthesia is obtained with 2% Lidocaine, 1:100,000 epinephrine. For some surgical procedures, the epinephrine concentration may be increased to 1:50,000 for hemostasis. The epinephrine dose NEVER exceeds 0.2 mg total.

CHECK ALL THAT APPLY

□ **OK** to **PROCEED** with dental treatment; **NO** special precautions and **NO** prophylactic antibiotics are needed .

□ Antibiotic prophylaxis **IS** required for dental treatment according to the current American Heart Association and/or American Academy of Orthopedic Surgeons guidelines.

□ Other precautions are required: (please list)_____

_____

□ **DO NOT** proceed with treatment. (Please give reason)_____

_____

Treatment may proceed on (Date)_____

□ Patient has an infectious disease:

- □ AIDS (please provide current lab results)
- □ TB (PPD+/active)
- □ Hepatitis, type _____, (acute/carrier)
- □ Other (explain)_____

□ Requested relevant medical and/or laboratory information is attached.

_____ _____
Physician Signature Date

PATIENT CONSENT

I agree to the release of my medical information to the above named dentist office.

_____ _____
Patient Signature Date

This Medical Consultation form is created and maintained by the University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, California.
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