

DOUGLASS FAMILY DENTISTRY

Dr. James D. Douglass III, DDS

Dr. Naomi Kerr-Smith, DDS

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(910) 323-8254 (phone)(910) 323-2532 (fax)

To:	Phone:
Facility:	FAX:

Patient's Name:	DOB:	SEX:	BP	HR	Resp	Temp

LOCAL ANESTHESIA:

<input type="checkbox"/> Lidocaine 2% w/ 1:100K Epi	<input type="checkbox"/> Nitrous Oxide
<input type="checkbox"/> Articaine 4% w/1:100K Epi	<input type="checkbox"/>
<input type="checkbox"/> Marcaine 0.5% w/1:200K Epi	
<input type="checkbox"/> Other	

TREATMENT PLANNED:

<input type="checkbox"/> Fillings / Restorative Dentistry	<input type="checkbox"/> Root Canal Treatment
<input type="checkbox"/> Simple Extractions	<input type="checkbox"/> Cleaning/Subgingival Debridement
<input type="checkbox"/> Surgical Extractions	<input type="checkbox"/> Other

MEDICAL CONCERNS REPORTED OR OBSERVED:

<input type="checkbox"/> Cardiovascular	Notes:
<input type="checkbox"/> Pulmonary	
<input type="checkbox"/> Neurological	
<input type="checkbox"/> Endocrine	

DENTIST'S SIGNATURE AND DATE:

Physicians Recommendation and Comments:

Patient may not have treatment in out-patient setting

Patient may have treatment in out-patient setting

Patient may have treatment in out-patient setting with the following precautions.

SIGNATURE AND DATE: