

## Medical Consult

Physician's Name & Number

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Patient's Name & Date of Birth

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The above mentioned mutual patient presents to our office for dental treatment with the following medical related conditions:

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Our proposed treatment includes but is not limited to the following:

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Please answer the following questions regarding our patient:

Does the patient require prophylactic antibiotic pre-medication before dental treatment?

☐ Yes ☐ No

May we use local anesthetic (2% Lidocaine w/ epi 1:100,000) with a vasoconstrictor?

☐ Yes ☐ No

If tooth extractions or dental implant surgery is planned, what blood pressure reading is acceptable for this patient?

Any additional precautions or contraindications for this patient?

Attending Physician  
(Seal)

Signature: \_\_\_\_\_

Date: