

## Medical Clearance for Dental Surgery

Dear Dr. \_\_\_\_\_,

Date of Request: \_\_\_\_\_

Our mutual patient, \_\_\_\_\_, is planning on having dental surgery with local anesthesia and possible intravenous conscious sedation.

**Possible intra-operative medications include:** Lactated ringers, Midazolam (Versed), Fentanyl, Ondansetron (Zofran), Dexamethasone, Lidocaine with epinephrine, Marcaine with epinephrine, and nitrous oxide.

**Possible post-operative medications include:** Ibuprofen, Acetaminophen, Tramadol, Hydrocodone, Oxycodone, Amoxicillin, Clindamycin, and Dexamethasone.

### TO BE COMPLETED BY PHYSICIAN

Name of Reporting Physician: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**1. List of all current medications and reason for usage:**

Medication	Reason for using medication	Medication	Reason for using medication
1).....	.....	6).....	.....
2).....	.....	7).....	.....
3).....	.....	8).....	.....
4).....	.....	9).....	.....
5).....	.....	10).....	.....

**2. List of known medical conditions:** \_\_\_\_\_

\_\_\_\_\_

**3. List of known drug allergies:** \_\_\_\_\_

**4. Are there any special precautions or contraindications to dental surgery with possible IV sedation?**

*If so please explain in detail:* \_\_\_\_\_

\_\_\_\_\_

**5. Do you believe this patient can safely be treated in a dental office setting? (Please circle) Yes or No**

\_\_\_\_\_  
**Physician Signature**

For your convenience, you may scan and email this document to contact@azdentalsurgery.com

If you any questions, please call Dr. Woodmansee on his cell phone at (602) 799-2251.

Sincerely,

Dr. Brent Woodmansee, working with Dr. \_\_\_\_\_