



JUSTIN L. RIDER, DDS, PLLC
— General Dentist Providing Oral Surgery Services —

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MEDICAL CONSULTATION FOR DENTAL SURGERY

IMPORTANT INSTRUCTIONS FOR PATIENTS

This form is only to be used if you have a) a complicated medical history; b) questions about effects of medical conditions or medications diagnosed or prescribed by your physician; or, c) been requested by your dentist or by Dr. Rider to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. Rider.

Dear _____, M.D.: Date of Request _____

Our mutual patient, _____, is planning on having dental surgery with local anesthesia and possibly IV conscious sedation. Potential intra-operative medications include: Valium, Versed, Fentanyl, Phenergan, Dexamethasone, Lidocaine with epinephrine, Marcaine with epinephrine, and Nitrous Oxide. Potential post-operative medications include: Norco, Penicillin, Zofran, Peridex, Cleocin, Ibuprofen, and Tylenol. Please evaluate his/her medical condition and report back to us, in writing, with the following information: _____

*** TO BE COMPLETED BY THE PHYSICIAN ***

Name of Reporting Physician _____ Date of Report _____

Address of Reporting Physician _____

Phone # of Reporting Physician _____ Physician Email _____

1) List of all current medications _____

2) List of known medical conditions _____

3) List of known drug allergies _____

4) Are there any special precautions or contraindications to the proposed treatment? (Please be as specific as possible.)

5) Do you feel this patient can be safely treated in the dental office setting? [] YES or [] NO

Signature of Physician _____

As the reporting physician, please either use this form or send your own information. For your convenience, you may fax your response to 520.844.1604 or to [Redacted]. If you have any questions regarding the above, please call Dr. Justin Rider at 520.336.2286. Thank you.

Sincerely,

Justin L. Rider, DDS, PLLC, working with [Redacted], DDS/DMD