

Physician Report & Medical Clearance for Dental Surgery

Dear _____, MD/DO:

Date of Request: _____

Our mutual patient, _____ (DOB: _____), is planning on having dental surgery with local anesthesia and possibly IV moderate conscious sedation.

Potential intra-operative medications include: Ativan, Valium, Halcion, Versed, Fentanyl, Demerol, Phenergan, Dexamethasone, Lidocaine with Epinephrine, Marcaine with epinephrine, Clindamycin, Amoxicillin and Nitrous Oxide.

Potential post-operative medications include: Amoxicillin, Ibuprofen, Medrol dosepak, Tylenol, Clindamycin, Z-Pak, Chlorhexidine rinse and Phenergan.

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: (____) _____

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. Is the bleeding status okay to proceed with the dental surgery? Yes or No
6. Do you feel this patient can be safely treated in the dental office setting? Yes or No
(please circle one)

Signature of Physician

As the reporting physician, please either use this form or send your own information. If you have any questions regarding the above, please email Dr. Ashnagar.

Sincerely,

Sajjad Ashnagar, DDS, MS (If direct contact needed, email: ashnagar@umich.edu)