



\_\_\_\_\_ (ofc) 317.460.6884 (voicemail) bryce@fortnerdental.com www.fortnerdental.com

**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. Fortner to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. Fortner.

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, Amoxicillin, 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 email your response to bryce@fortnerdental.com. If you have any questions regarding the above, please call Dr. Fortner at 317.460.6884. Thank you.

Sincerely,

Bryce C. Fortner, DDS, working with \_\_\_\_\_