



BOB FOROOGHI, DDS
— 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 Dr. Forooghi to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. Forooghi.

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: _____

Reporting Physician Phone #: (____) _____ 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 *(please circle one)*

Signature of Physician

As the reporting physician, please either use this form and/or send your own information. For your convenience, you may scan/email your response to Dr. Forooghi at bob@bfdds.com. If you have any questions regarding the above, please call Dr. Forooghi at 310.666.7825. Thank you.

Sincerely,

Bob Forooghi, DDS, working with _____, DDS