



JONATHAN • E • MASON
DMD • LLC

Physician Report and Medical Clearance for Dental Surgery

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:** Lortab, Penicillin, Phenergan, 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 No. 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. 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. For your convenience, you may fax your response to 860/286-9430 or _____. If you have any questions regarding the above, please call Dr. Jonathan Mason at 860/508-4687. Thank you.

Sincerely,

Jonathan E. Mason, D.M.D., working with _____, D.D.S.

• PHONE: 860.508.4687 • FAX: 860.286.9430 •
• email — jon@masondmd.com • web — www.masondmd.com •

GENERAL DENTIST PROVIDING ORAL SURGERY SERVICES