

John Smith, M.D.
222 First Street
Pittsburgh, PA 15227

January 1, 2014

RE: Mr. Joseph Kelly

Dear Dr. Smith,

This letter is written concerning our mutual patient, Mr. Joseph Kelly, who is tentatively scheduled for outpatient dental implant surgery in my office. The proposed procedure will include extraction of multiple teeth and the placement of endosseous implants. I estimate the procedure to be approximately two hours in duration with minimal bleeding expected. Intravenous conscious sedation will be used for the procedure.

At your earliest convenience, could you please fill out the enclosed medical consultation form and return via fax to our office at 412-279- 9999.

If you have any questions or would like to discuss Mr. Kelly's treatment, please feel free to contact me anytime at 412-279-7979. Thank you very much for your consideration and assistance with Mr. Kelly's treatment.

Sincerely,

Randolph R. Resnik, DMD, MDS

RRR/dr

MEDICAL CONSULTATION FOR DENTAL IMPLANT SURGERY

Patient: _____ **Date:** _____

The above patient is tentatively scheduled for dental implant surgery. The outpatient surgery will be performed in my office under intravenous conscious sedation. The following information has been provided by the patient.

Medical History: _____

Current Medications: _____

Allergies to Medications: _____

THE FOLLOWING MEDICATIONS ARE PROPOSED FOR THE DENTAL IMPLANT SURGERY:

<u>ANTIMICROBIAL</u>	<u>ANTI-INFLAMMATORY</u>	<u>ANALGESIC</u>	<u>ANESTHESIA</u>	<u>SEDATION</u>
___ Amoxicillin	___ Ibuprofen	___ Hydrocodone	___ 2% Lidocaine 1/100k Epi.	___ Halcion
___ Cephalosporin	___ Dexamethasone	___ Codeine	___ 2% Carbocaine 1/20k Neo.	___ Valium
___ Clindamycin		___ Acetaminophen	___ 3% Carbocaine	___ N2O
___ Augmentin		___ Percocet	___ .5% Marcaine 1/200k Epi	___ IV Rx"s
_____		___ Ultram		(Versed, Fentanyl)

PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS

1. Date of most recent physical exam: _____

2. Significant medical condition, treatment, disease, injury or comments:

3. Any Recommendations or Modifications of Medications YES _____ NO _____

Current Medications _____

Proposed Medications (Listed Above) _____

4. The above patient is an acceptable candidate for outpatient dental implant surgery YES _____ NO _____

5. Please contact me prior to treating this patient YES _____ NO _____

Signature of Physician

Date