John Smith, M.D.

222 First Street

Pittsburgh, PA 15227

January 1, 2022

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 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 in my office. Could you please confirm/edit the following information that has been provided by the patient.*

**Medical History:**

**Current Medications:**

**Allergies to Medications:**

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## THE FOLLOWING MEDICATIONS ARE PROPOSED FOR THE DENTAL IMPLANT SURGERY:

ANTIMICROBIAL ANTI-INFLAMMATORY ANALGESIC ANESTHESIA SEDATION

 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)

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# 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)

1. The above patient is an acceptable candidate for outpatient dental implant surgery YES NO
2. Please contact me prior to treating this patient YES NO

**Signature of Physician Date**