

DEBORA L. AYRES, 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 by Dr. Ayres to complete it. If you are unsure whether or not you should complete it, please contact your dentist or Dr. Ayres.

Dea	Dear,	M.D.:	Date of Request		
Our mutual patient,					
	*** <u>TO BE CO</u>	MPLETED BY TH	E PHYSICIAN***		
Name of Reporting Physician			Date of Report		
Ad	Address of Reporting Physician				
Phone # of Reporting Physician Physician Email					
1)) List of all current medications				
2) List of known medical conditions					
2)					
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)	5) Do you feel this patient can be safely to	reated in the dental office setti	ng? □ 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 drayres@dladds.com. If you have any questions regarding the above, please call Dr. Ayres at 803-818-1052. Thank you.			
	Sincerely,				
	Debora L. Ayres, DDS, working with				