

STEVE RAGSDALE, DDS, PLLC — 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. Ragsdale to complete it.

If you are unsure whether or not you should complete it, please contact your dentist or Dr. Ragsdale.

If you are un	nsure whether or not you sl	hould complete it, please contac	et your dentist or	Dr. Ragsdale.	
Dear	, M.D.:	Date	Date of Request:		
and possibly IV conscions Phenergan, Dexamethas post-operative medica	ous sedation. Potential sone, Lidocaine with epitions include: Norco,	, is planning on having intra-operative medication inephrine, Marcaine with epi Penicillin, Zofran, Peridex, Cack to us, <i>in writing</i> , with the	ns include: Vanephrine, and Note of the Cleocin, Ibupros	alium, Versed, Fentanyl, Nitrous Oxide. Potential fen, and Tylenol. Please	
	*** <u>TO BE COMP</u>	LETED BY THE PHY	SICIAN***		
Name of Reporting Physician:			Date of Report:		
Address of Reporting Phy	ysician:				
Reporting Physician Pho	ne #: ()	Physician Em	nail		
1. List of all current me	edications:				
3. List of known drug a	llergies:				
4. Are there any special	l precautions or contrain	dications to the proposed trea	tment? (Please	be as specific as possible.)	
5. Do you feel this patie	ent can be safely treated i	n the dental office setting?	Yes or N	o (please circle one)	
		Signature of	f Physician		
you may scan/email you any questions regarding	ur response to Dr. Ragsda	s form and/or send your own ale at steve@drragsdale.com Or. Ragsdale at 832.240.6778.	or fax it to 832.		
Sincerely,					
Steve Ragsdale, DDS, PLLC, working with , DDS					