



# IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

## Medical Consult

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Dear Dr: \_\_\_\_\_

Our mutual patient has presented us with the following medical concerns:

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The following treatment is scheduled in our office:

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Due to the medical history, I feel it is best to consult with you before any major treatment is started for the patient named above. During the above treatment, I normally use the following medications:

1. Local Anesthesia
  - a. 2% Lidocaine with epi 1:100,000
  - b. 2% mepivacaine plain
  - c. 4% Articaine with epi 1:100,000
2. Antibiotic
  - a. Pen VK
  - b. Amoxicillin
  - c. Clindomycin
  - d. Erythromycin
3. Pain Medication
  - a. Tylenol with Codeine
  - b. Vicodin
  - c. Darvocet N-100

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Physicians Response:

- Proceed with dental treatment without special precautions  
 Proceed with the following recommendations and/or precautions

Prophylactic use of antibiotics  
 Other (explain) \_\_\_\_\_  
 DO NOT PROCEED until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_