



**PAUL A. BRANNEN, DMD, LLC**  
— General Dentist Providing Oral Surgery Services —

\_\_\_\_\_ (ofc) 971.801.3394 (cell) 503.339.9568 (fax) paul@drbrannen.com www.drbrannen.com

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

Dear \_\_\_\_\_, MD: Date of Request: \_\_\_\_\_

Our mutual patient, \_\_\_\_\_, is planning on having dental surgery with local anesthesia and possibly IV conscious sedation. **Potential intra-operative medications include:** Valium, Versed, Fentanyl, Phenergan, Dexamethasone, Lidocaine with epinephrine, Marcaine with epinephrine, and Nitrous Oxide. **Potential post-operative medications include:** Norco, Penicillin, Zofran, Peridex, Cleocin, Ibuprofen, and Tylenol. Please evaluate his/her medical condition and report back to us, *in writing*, with the following information:

**\*\*\* TO BE COMPLETED BY THE PHYSICIAN \*\*\***

Name of Reporting Physician: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Address of Reporting Physician: \_\_\_\_\_

Reporting Physician Phone #: (\_\_\_\_) \_\_\_\_\_ Physician Email \_\_\_\_\_

1. List of all current medications: \_\_\_\_\_

\_\_\_\_\_

2. List of known medical conditions: \_\_\_\_\_

\_\_\_\_\_

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. Do you feel this patient can be safely treated in the dental office setting? Yes or No *(please circle one)*

\_\_\_\_\_  
Signature of Physician

As the reporting physician, please either use this form and/or send your own information. For your convenience, you may scan/email your response to Dr. Brannen at paul@drbrannen.com or fax it to 503.339.9568. If you have any questions regarding the above, please call Dr. Brannen at 971.801.3394. Thank you.

Sincerely,

Paul A. Brannen, DMD, LLC, working with \_\_\_\_\_, DDS