

Consultation Report

To: _____

Date: _____

Re: _____

The above named patient has presented for dental care.

The patient relates the following history:

Our tentative treatment plan includes:

Relative to the patient's ability to undergo dental treatment, we would like to know the following:

1. What are your recent medical findings at this time?

2. What medication is the patient taking at this time?

3. Is antibiotic prophylaxis indicated for this patient? ___YES

___NO

Physician's Signature: _____ DATE: _____

Physician's Name(please print): _____

Complete Address: _____