



Medical Consultation Request

To: _____

From: Southwest Pediatric Dental
Fax number: 708-966-0154

Re: _____ DOB: _____

Our patient has presented with the following medical problem (s):

The following treatment is scheduled in our dental office:

We are requesting the following information: Permission to complete treatment under general anesthesia with an open airway in office with a pediatric anesthesiologist.

Physician's Response:

Please consider the patient's history and current condition. Attach additional medical information and **progress notes as necessary.**

- PROCEED with dental treatment **without** special precautions.
- PROCEED with the following recommendations and/or precautions: _____

 - Prophylactic use of antibiotics: _____
 - Other (Explain): _____
- DO NOT PROCEED with dental treatment

*******Please send the most recent clinical note and copy of recent test results (ECHO/EEG) *******

Physician Signature _____ Date _____

Thank you for assisting us in providing excellent care to our patients!

Due Date _____

Please return fax to (708)966-0154. For questions, call (708)580-0404.