

Medical Clearance For Dental Treatment Under General Anesthesia

Redlands Dental Surgery Center (RDSC)
1180 Nevada Street, Suite 100
Redlands, CA 92374
(909) 335-0474

**Note: This Form is valid for 30 days
once signed by Physician**

Patient Name: _____ DOB: _____
Form received by: _____ Date: _____
Patient / Parent / Other: _____

I authorize the release of any information necessary to process this request.

Patient / Parent / Guardian Date

To be completed by Physician

FAX completed form and requested documents to (909) 912-8800

Medications:

- No known medications being taken
- List medications being taken

Patient's Medical Conditions:

- No known medical condition
- List medical conditions

1. MUST ATTACH:

Current **History & Physical** (not 'Physician's Report for Community Care Facilities')
Current progress note
Current lab work
Current test results: EKG, ECHO, sleep study, other; if needed
Other, as requested by RDSC anesthesiologists _____

2. Are there contraindications or recommendations for dental treatment under
IV general anesthesia (non intubated) at an outpatient surgery center? YES NO

If yes, what are they? _____

3. Does patient require antibiotic prophylaxis? YES NO

If yes, what is the indication? _____

Physician Signature Date Office phone number

Physician Name (print) Office address Office fax number