

Dear Physician:

Date: _____

Our office plans to provide dental care for a patient of yours _____, *under light oral conscious sedation using a sedative in the benzodiazepine class*. The patient has provided us with his/her following medical conditions and medications:

Please verify the patient's medications, medical conditions, your assessments as to the control of these medications, any concerns you may have, as well as your opinion of the patient's ability to undergo a dental procedure with sedation. Thank you for your prompt attention to this matter.

Physician's Comments

Sincerely,

Bernard Jin, DMD
Kevin Lauwers, DMD
Mouna Hachichou, DMD

Please fax this back:

After completion, please IMMEDIATELY

Fax this document back to:

Smiles Unlimited Dental

Fax #: 1-866-390-8014