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Palmyra, PA, 17078
(717)838-2242

# Physician's Medical Evaluation

Dear Dr. _____ Date_____
Before we can begin dental treatment on _____ residing at _____, more thorough and accurate information is required for our records. Please complete and return this form to our office at your earliest convenience.
Thank you.

Is the patient presently taking any medications? Yes/No If yes, Please list below.

| Medication | Dosage | Reason | How often Taken | Length of time Taking Medication |
|---|---|---|---|---|
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Is the patient allergic to any medications? Yes/No If yes, please list below.

_____
_____

Are there any contraindications to using vasoconstrictors, i.e. epinephrine, in regional analgesia for this patient?
Yes/No If yes, please comment below.

_____
_____

Is there any record of the following conditions for this patient? If yes, please comment.

Yes/No rheumatic fever_____
Yes/No hepatitis_____
Yes/No abnormal heart condition_____
Yes/No high blood pressure_____
Yes/No stroke_____
Yes/No anemia_____
Yes/No diabetes_____
Yes/No tuberculosis_____
Yes/No asthma_____
Yes/No liver problems_____
Yes/No kidney problems_____
Yes/No venereal disease_____
Yes/No eye or ear problems_____
Yes/No radiation treatment for cancers or thyroid problems_____

In your opinion, should this patient be pre-medicated with antibiotics before any dental treatment?
Yes/No If yes, please comment. _____
_____

In your opinion, can this patient tolerate routine dental treatment? (restorations/fillings, root canals, or oral surgery/extractions) Yes/No If the answer is no, please comment. _____
_____

Is there any past or present medical information that you think is important? Yes/No If yes, please comment.

_____
_____

Please list below your name, address, and telephone number. Also, list the names, addresses, and telephone numbers of other physicians that you are aware of treating this patient at the present time.

| Name | Address | Telephone Number |
|---|---|---|
| | | |
| | | |
| | | |

_____ _____ _____
Dentist's Signature Physician's Signature Date