

**ALBERT RUIZ, D.D.S.**  
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## REQUEST FOR MEDICAL CONSULTATION

REFERRED TO: Dr. \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street No. City/State Zip Code

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

The above named patient has applied to this office for treatment. Case history and/or examination disclosed the following:

<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> EXCESSIVE BLEEDING	<input type="checkbox"/> HEART MURMUR
<input type="checkbox"/> HEART BYPASS SURG.	<input type="checkbox"/> MITRAL VALVE PROLAPSE	<input type="checkbox"/> SERIOUS ILLNESS
<input type="checkbox"/> ANEMIA	<input type="checkbox"/> CARDIOVASCULAR DISEASE	<input type="checkbox"/> JOINT REPLACEMENT
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> STENTS
<input type="checkbox"/> LIVER DISEASE	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> ANXIETY
<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> PREGNANCY	<input type="checkbox"/> PACEMAKER
<input type="checkbox"/> ANESTHETIC REACTION	<input type="checkbox"/> PRESENT MEDICATION	<input type="checkbox"/> DIABETES

ORAL DIAGNOSIS: \_\_\_ Adult Periodontitis, decay

RECOMMENDED DENTAL TREATMENT: \_\_\_ Periodontal treatment, restorative, extractions, use of local anesthesia Lidocaine 2% w/epinephrine 1:100,000

PATIENT IS ALLERGIC TO: \_\_\_\_\_

Please evaluate this patient and report your findings on the reverse side. This form may be returned by the patient, mail or fax. Thank you.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ D.D.S.

Patient: \_\_\_\_\_

Past Medical History:

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Present Health Status:

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Allergies:

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Present Medications and Dosage:

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Results of Pertinent laboratory tests and vital signs:

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Are there any contraindications or recommendations for proceeding with dental treatment?

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Please advise of need for premedication and preferred antibiotic:

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Are there any contraindications to the use of local or general anesthesia?

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Signed: \_\_\_\_\_ M.D.      Date: \_\_\_\_\_

Address: \_\_\_\_\_      Phone: \_\_\_\_\_