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Dear _____,

Our shared patient _____, DOB _____, has chosen to proceed with their dental care while sedated with Triazolam, and/or Valium, Ativan, Hydroxyzine, Versed or Nitrous Oxide.

A review of their medical history revealed the following: _____

They have also indicated that they are taking the following medications: _____

What ASA lung level are they? I II III **Circle one**

- Below, please find any suggestions you have made with regards to their treatment: _____

- Please make any notes regarding these considerations below: _____

- Does this patient require antibiotics before dental procedures? _____

As a physician of the above named patient, I give authorization to proceed with dental care using the above named medications.

Physician's Name/Signature

Date

Please sign and fax/email this letter to our office as soon as possible. Thank you