



HAPPY HEALTHY TEETH
pediatric dentistry & orthodontics

Medical Consultation Request

To: _____

Please Return To the Above Address

Re: _____ DOB: _____

Our patient has presented with the following medical problem(s): _____

The following treatment is scheduled in our dental office: _____

Signature _____ Date: _____

PHYSICIAN'S RESPONSE

Please consider the patient's current cardiovascular condition and the history and status of infectious diseases. Since dental treatment is known to cause bacteremias, pre-medication may be necessary. Ordinarily, local anesthesia is obtained with 2% Lidocaine, 1:100,000 Epinephrine.

- 1. PROCEED with dental treatment **without** special precautions.
- PROCEED with the following recommendations and/or precautions:
 - Prophylactic use of antibiotics Rx: _____
 - Other (Explain) _____
- DO NOT PROCEED until: (Date & Reason) _____

2. Yes No Patient has infectious disease:
TB Hepatitis (Acute/Carrier) AIDS/ARC Other _____

3. Yes No Additional medical information attached.

Physician Signature _____ Date: _____

PARENT/GUARDIAN CONSENT

I agree to release _____ medical information to **JONATHON EVERETT LEE, DDS, INC. (DBA: HAPPY HEALTHY TEETH and BAY AREA PEDIATRIC DENTAL WELLNESS GROUP)**

Parent/Guardian Signature _____ Date: _____

Jonathon Everett Lee, DDS, Inc. • Brian D. Lee, DDS, MSD, Inc. • Christian P. Yee, DDS

1291 East Hillsdale Blvd., Suite 100 • Foster City, CA 94404 • phone: 650.574.4447 • fax: 650.574.4041 • happyhealthyteeth.com