

Date: April 2, 2010

To: Physician's Name

Subject: Patient's Name

DOB: Patient's Date of Birth

Reason for request: Clarification of patient's medical history

The above captioned mutual patient is currently scheduled to undergo dental treatment in my office on Date you want info back. The patient has been unable to provide a clear medical history or additional information is needed to safely treat this mutual patient. Request that you review the patient's medical history and provide the following information as indicated below:

- Current problem list
- Current medication and allergies list
- Three most recent laboratory values for the INR (patient on Coumadin)
- Clarification as to whether Prophylactic Antibiotic Coverage is recommended to prevent cardiac complications of dental manipulation/bacteremia.
- Clarification as to whether Prophylactic Antibiotic Coverage is recommended to prevent complications with their Total Joint Prosthesis in relation to dental manipulation/bacteremia.
- Report of your most recent evaluation of the patient's medical status.
- Other:

A faxed (Fax # 503-601-0569) copy of the above information is more than adequate for a response. If you have specific recommendations regarding the management of this patient, a handwritten note at the bottom of this page faxed back to our office is more than adequate for a response. Thank you in advance for your assistance in the management of this patient. If you would like to discuss the patient's management I would welcome a call from your office.

Steven W. Beadnell, DMD

Brett A. Ueeck, DMD, MD

Specific recommendations: _____

Signature

Date