

Date: _____

Dear Dr. _____

Our shared patient _____ has chosen to proceed with their dental care while sedated with medications as indicated below:

DIAZEPAM/TRIAZOLAM/HYDROXYZINE/LORAZEPAM/NITROUS OXIDE

In order for us to proceed with dental treatment _____ will require a complete physical examination.

Please send all lab values via fax for consideration.

Please state if you feel _____ is ok to sedate OR comment on any contraindications as they relate to oral sedation.

Doctor's signature: _____ Date: _____

Thank you very much for your time and effort in the mutual care of our patient.

Sincerely,

Dr. Ed Kim D.M.D.