



Date: _____

Dear Dr. _____

Your patient, _____, is being considered for dental treatment with the use of general anesthesia. His/her health history has revealed the following:

Your patient will be monitored using standard ASA monitoring (NIBP, EKG, SPO2, and ETCO2) by Dr. Marco Savittieri, DDS, Dentist Anesthesiologist, and a full crash cart with PALS and ACLS medications will be available.

Please advise on any findings associated with the patient's health that may preclude the use of in-office general anesthesia. Additionally, please forward a copy of the most current labs and/or health and physical report.

Please feel free to contact me at (858) 337-7966 should you have any further questions or concerns. Please fax back the completed form at your earliest convenience to (858) 430-4542. Your prompt response will be greatly appreciated.

Thank you,

Dentist Signature

Dentist Name

PHYSICIAN'S RESPONSE

Patient's current status/diagnosis:

Physicians Name

Signature

Address

Date

Address

Phone