

PineView Family Dental PineView Family Dental

Release for Dental procedure(s)

To Whom It May Concern:

We share a mutual patient, _____, DOB _____.

_____ had _____ surgery on
(type of surgery)

(Date)

It is recommended that

_____ wait _____ (#)months
(patient name)

prior to receiving dental treatment; including dental prophylaxis.

_____ **IS REQUIRED** to Pre-medicate with _____
(medication type & dosage)

prior to dental procedures for _____ months/years.
(Please circle)

_____ is **NOT REQUIRED** to Pre-medicate prior to Dental procedures.

Dr's Printed Name

Dr's Signature

Date

Dr's phone number