

Wael H. Obeid DDS
527 N. Maclay AVE
San Fernando CA 91340
(818)890-2600

Fax (818)890-2608

Request **Medical Release** for: _____ D.O.B. ___/___/___

Patient has the following medical problem(s):

The following dental treatment is recommended:

Is there a need for prophylactic antibiotics? YES / NO

If yes, what antibiotic is recommended, and how should the patient take it.

Any limitation for use of anesthetics with vasoconstrictors? YES / NO

What analgesic, if necessary, is recommended? (Tylenol # 3, Ibuprofen 600mg or 800mg)

If patient is taking blood thinners, or anticoagulants, please indicate what needs to be done prior to treatment.

Any contraindications in performing the necessary dental treatment at our office? YES / NO

PLEASE ANSWER ALL QUESTIONS

Physician's Name _____ Physician's Signature _____

Physician's Phone # () _____

Physician's Fax # () _____