



All About Kids Pediatric Dentistry
3285 Hacks Cross Road Memphis TN 38125 Suite 101
Email: info@pediatricdentistmemphis.com
Phone: 901.759.0970 Fax: 901.759.0904

Physician Report and Medical Clearance for Dental Procedures

Date of Request:

Dear _____ M.D.,

Our mutual patient, _____, requires dental treatment. Please evaluate his/her medical record and complete the information below:

Name of reporting physician: _____

Address: _____

Phone number: _____

Patient's current medications:

Patient's medical conditions:

Patient's allergies:

Pre-med required: YES / NO

Can this patient be treated in a dental office setting? YES / NO

Any additional information:

For your convenience, you may fax your response to 901-759-0904.

Sincerely,

Courtney L. Wilson, DDS