

Shaun White

Goldsboro Dental Arts
1310-C Wayne Memorial Drive
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(919) 581-0909

Date: _____

Our mutual patient, _____ (DOB: _____), has informed us that the following condition is present _____. Please evaluate the patient's medical record and answer the following questions. We really appreciate you taking your time out to help us.

Please circle yes or no to the following questions and add any preferences or concerns to the lines available at the bottom.

- YES NO Antibiotic Prophylaxis (PREMED) required
- YES NO Can have dental anesthetic w/ EPINEPHRINE.
- YES NO Can have operative work with local anesthesia
(such as fillings, crown, and bridge work)
- YES NO Can have scaling & root planning (deep cleaning)
- YES NO Can have extractions in a general practice setting.

If there are any further precautions or concerns, please list below:

Physician Name (PRINTED): _____

Physician Signature: _____

Date: _____

Thank you,
Shaun White, DMD