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Date: _____

Patient Name: _____ Telephone Number: _____

DOB: _____

Physicians Name: _____ Contact Number: _____

Fax Number: _____ Email Address: _____

Planned dental procedures for both Preventative and/or Restorative appointments may include x-rays, subgingival cleanings, fillings, root canals, and extractions but not limited to.

Is the patient an acceptable candidate for the listed procedures?

Yes _____ No _____

Should prophylactic antibiotics be prescribed?

Yes _____ No _____

If Yes, List Medication and Dosage _____

Can Local Anesthesia with Epinephrine (1:100,000) be used?

Yes _____ No _____

If the patient is taking Anticouglant Drugs: (Example: Plavix, Coumadin, Ext.)

Anticouglant medicine can be discontinued _____ Days before the Dental Procedure and resumed within _____ days after the dental procedure.

Any other precautions to be taken: _____

Physician Signature

Date

Thank you for your correspondence as we work together for the care and health of our mutual patient.