

**JONATHON EVERETT LEE, D.D.S., INC.**  
**BRIAN D. LEE, D.D.S., M.S.D., INC.**  
*Diplomate of the American Board of Pediatric Dentistry*  
**Specializing in Dentistry for Infants, Children and Teenagers**

BRUSH AND FLOSS FOR A HAPPY SMILE!



1291 East Hillsdale Boulevard, Suite 100  
 Foster City, California 94404  
 Telephone: (650) 574-4447  
 Fax: (650) 574-4041

**Medical Consultation Request**

**To:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Return To the Above Address**

**Re:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Our patient has presented with the following medical problem(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following treatment is scheduled in our dental office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICIAN'S RESPONSE**

Please consider the patient's current cardiovascular condition and the history and status of infectious diseases. Since dental treatment is known to cause bacteremias, pre-medication may be necessary. Ordinarily, local anesthesia is obtained with 2% Lidocaine, 1:100,000 Epinephrine.

1.  PROCEED with dental treatment **without** special precautions.  
 PROCEED with the following recommendations and/or precautions:
  - Prophylactic use of antibiotics Rx: \_\_\_\_\_
  - Other (Explain) \_\_\_\_\_
- DO NOT PROCEED until: (Date & Reason) \_\_\_\_\_
2. Yes  No  Patient has infectious disease:  
 TB  Hepatitis (Acute/Carrier)  AIDS/ARC  Other  \_\_\_\_\_
3. Yes  No  Additional medical information attached.

**Physician Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I agree to release \_\_\_\_\_ medical information to DR. JONATHON LEE and DR. BRIAN LEE.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_