Request for Medical Clearance

opencare™ DENTAL

DOCTOR BERKLEY HALL
631 WEST VALENCIA
TUCSON, AZ 85706
P: (520) 812-6736
F: (520) 207-5207

James Brett Boren
Patient Name

July 6, 2012

Dear DOCTOR BERKLEY HALL

The above name patient has indicated that you are his/her physician.

The patient has indicated a medical history of the following: indigestion
and is taking the following medications: tylenol

Our patient will require the following dental procedures:

- ☑ Root Planning & Scaling
- ☑ Extractions
- ☑ Periodontal treatment or Prophylaxis
- ☑ Endodontic Therapy
- ☑ Restorative work
- ☑ Oral Surgery
- ☑ Local anesthetic with epinephrine

Before beginning dental treatment of any kind, we will require your confirmation specifying any precautions or contraindications that will interfere with the dental treatment. Please list them here:

If pre-medication is required, please let us know your recommendation for the prescription.

Rx: Viagara 3 x daily

Doctor's Signature: _____

Please send your response via email at office@opencaredental.com or via fax at (520) 812-6736. Thank you for your time. If you have any questions or concerns, please feel free to contact our office.

Sincerely,

Berkley Hall, DMD