

**Battlefield Dental of Fredericksburg**  
**5996 Plank Road**  
**Fredericksburg, VA 22507**  
**Phone: 540-412-6793**  
**Fax: 540-412-6802**

**Medical Consult Release**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the patient require pre-medication prior to dental procedures? \_\_\_\_\_

If so, what is the protocol you follow? \_\_\_\_\_

Is the patient on Coumadin/Warfarin? \_\_\_\_\_

If so, do you require the patient to discontinue use of said medication? \_\_\_\_\_

If yes, how long prior to and after appointment? \_\_\_\_\_

Can we take x-rays? \_\_\_\_\_

What can we use for a localized numbing agent? Septocaine, Lidocaine, mepavacaine, Bupivacaine.  
(please circle one or all that apply)

Any other special instructions:

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\*Please stamp with office information and telephone number\*