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Date: _____

Patient Name: _____

Dear Dr. _____

Recently the above patient was examined in my dental office. At that time it was determined that due to the extent of their oral health needs and the child's apprehensive/uncooperative behavior, treatment with sedation would be in the patient's best interest. This would allow for treatment to occur in a conventional dental environment.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend a health evaluation to be completed within 6 months prior to the sedation. To comply with this guideline I am requesting that you complete the following physical exam form and offer any suggestions, which may assist in the management of this patient. If you require any other information or have any questions, please inform me.

Planned Sedation Medication:

CHLORAL HYDRATE, DEMEROL, VISTARIL

Thank you,

Angela E. Pinkerton, D.M.D.