



6 to 9 Dental Texas
2603 S. E. Military Dr. Suite 103
San Antonio, TX 78223
Office: (210) 333-6911
Fax: (210) 337-5793

Request **Medical Release** for: _____

D.O.B: ____ \ ____ \ ____

Patient's Signature: _____

Patient has the following medical problem(s):

The following dental treatment is recommended:

Is there a need for prophylactic antibiotic? YES \ NO

If yes, what antibiotic is recommended, and how should the patient take it?

Is there any limitation for use of anesthetics with vasoconstrictors? YES NO

What analgesic, if necessary, is recommended? (Tylenol #3, Ibuprofen 600mg or 800mg)

If patient is taking blood thinners, or anticoagulants please indicate what needs to be done prior to treatment.

Are there any contraindications in performing the necessary dental treatment at our office?

****PLEASE ANSWER ALL QUESTIONS****

Physician's Name: _____

Physician's signature: _____

Physician's Phone#: ()

Physician's Fax#: ()