<u>Arora Periodontics - Dr. Navneet Arora D.D.S, M.P.H.</u> 1404 Blue Oaks Blvd., Ste 120, Roseville, CA. 9574 565 Brunswick Rd., Ste 7, Grass Valley, CA. 95945

$PHYSICIAN'S\ IMMEDIATE\ RESPONSE\ REQUESTED.\ PLEASE\ FAX\ BACK\ YOUR\ ANSWER.$ $THANK\ YOU$

Patient:	DOB:	Date	•	Requested from:
Please send records to: Navneet Arora, D.D.S., M.P.H.				
GRASS VALLEY OFFICE ROSEVILLE OFFICE : P	HONE: ((916) 771-4872		
Doctor, please fill out and sign the medical release below:				
[] Medical clearance requested for Dental surgery [] Local Anesthetic only				
PLEASE CHECK ONE [] Agree, No objections [] Disagree				
[] Bisphosphonates, is patient taking? Yes No				
If yes, type and sign:				
Start date and End date of last CTX Test:				
[] Date of most recent IN	VR:	Į	'alue:	
IF patient is taking blood thinners can they stop blood thinners prior to surgery? Yes No				
For how long can patient be off blood thinners? Days:				
[] Does patient require prophylactic antibiotics? [] NO [] YES				
If Yes, for what diagnosis and preferred RX:				
[] Other pertinent medical information (Any medical contraindications?):				
PHYSICIAN COMMENTS:				
PHYSICIAN NAME:				
PHYSICIAN SIGNATUR	₹ <i>E</i> :			DATED:
CONFIDENTIAL				
AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION OR RECORDS				
Signature of Patient or Guardian:				
I hereby authorize: Name(s) of physician, hospital or health care provider				
PHONE: FAX:				