Medical Evaluation Form
Smiley Doctor

Dental Practice of Dr. Reena Gupta, DDS
373 South Monroe, Suite 203 San Jose CA 95128 ►Phone: 408-247-4100
www.smileydoctor.com

Dear Doctor: Date:_____

I examined your patient:_____ Medical Record# _____
on _____and recommended the following dental treatment: _____
_____

Before proceeding, we would like to be sure the patient is able to be treated safely. Your patient indicated he/she has the following medical condition: _____
and/or taking the following medication (s): _____

In your opinion, are there any contraindications in performing the needed dental treatment?
_____
Do you recommend pre-medication? _____ Type? _____
What medications are recommended for pain and /or infection for this patient?_____
Other recommendations or instructions: _____
_____

_____ _____ _____
Physician's Signature Phone# Date

Patient Authorization

I hereby authorize my physician to release any pertinent facts regarding my medical condition to Dr Reena Gupta, DDS

_____ _____ _____
Patient's Name Patient's Signature Date

Please do not hesitate to call our office if you have any questions