



1600 NW Hughwood Court. Roseburg, OR 97471
oregondentalanesthesia.com
(541) 429-5505

Date _____

Patient Name _____

Patient Phone _____ Patient DOB/Sex _____

Referring Doctor _____

Referring Doctor Phone _____

Principal Concerns

- Anesthesia Consult
- Pediatric Anesthesia Consult
- Developmental Delay
- Dental Anxiety
- Other, please describe _____

Anticipated Time of Treatment Needed:

Comments/Special Instructions

Sending health history and medication list

After we review the patient's health history and any other information,
we will contact your office directly to coordinate care.