



Dear Physician, our mutual patient is scheduled for dental surgery with deep sedation or general anesthesia for a dental procedure in a dental office based setting. We appreciate your assistance regarding clearance and optimization of their health needs.

Please email to **info@luxesedation.com** or fax to **919-869-2009**

Is the patient cleared and optimized?  
YES or NO

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**RECENT VITAL SIGNS**

Date: \_\_\_\_\_

Blood Pressure/HR: \_\_\_\_\_

SpO2: \_\_\_\_\_

**CARDIOVASCULAR CONDITIONS AND TREATMENT**

Presenting Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**DIAGNOSTICS**

Has the patient had any of the following diagnostics?

- ECG  No  Yes (please attach report)
- ECHO  No  Yes (please attach report)
- Stress Test  No  Yes (please attach report)
- Any other tests ( \_\_\_\_\_ )  No  Yes (please attach report)

**HIGH RISK CONDITIONS/PRESENTATIONS**

Does the patient have any of the following cardiovascular conditions?

- Pulmonary Hypertension
- EF <= 40%
- Untreated CAD
- MI within 12 months
- Heart Block
- Prolonged QT

**AICD/PACEMAKER**

- None
- AICD, Pacemaker, or Both (Please attach the most recent interrogation report)

Underlying Rhythm: \_\_\_\_\_

Pacemaker Dependent: \_\_\_\_\_

Pacemaker Mode: \_\_\_\_\_

Magnetic Action: \_\_\_\_\_



**REVASCULARIZATION PROCEDURES (MOST RECENT ON TOP)**

Date	Procedure (balloon, stent, CABG, etc.)	Type (DES, BMS, etc.)	Outcome

**ANTICOAGULANT RECOMMENDATIONS**

Medication	May Hold?	For how many days?	Comments

**PHYSICIAN OPINION AND ATTESTATION**

- Does the patient require a further cardiology evaluation at this point? \_\_\_\_\_
- Possibility of MACE compared to general public:  negligible  slight  moderate  significant
- Physician Specialty:  Primary  Cardiology

Comments: \_\_\_\_\_

I \_\_\_\_\_ (physician name/title) attest to the accuracy of the information and the opinion provided herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician best contact # \_\_\_\_\_ and address \_\_\_\_\_