

**Southwest Dental Group
Robert L. Tentler D.D.S
Matthew Pearce D.M.D**

General and Cosmetic Dentistry with IV Sedation

*Referral Form for Dentistry
Under Intravenous Anesthesia*

**16600 South 107th Court • Orland Park, IL 60467
(708) 403-3355**

Information for Our Patients

*Please present this form to the receptionist
when you arrive at the office.*

A consultation appointment is mandatory for IV sedation.
Minors must be accompanied by a parent or legal guardian.

Fees are payable in full at the time of surgery unless
other arrangements have been made.

Please bring the names of all medications you are currently taking.

This form is a permanent part of the medical - legal record.

Introducing: _____

Date: _____

Referred by: Dr. _____

Reason for Referral:

Patient's Special Needs (if any): _____

Relevant Medical Information: _____

Patient's Chief Concern: _____

Signature of Referring Doctor:
