

Alexander H Malick, DMD, FAGD

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General Anesthesia Dentistry Referral Form

Patient: _____ dob: _____

Patient Address: _____

Referring Dr: _____ V: _____ F: _____

Please email any X-rays or clinical documents to mydentist160@gmail.com

Insurances: Medical: Company: _____ ID #: _____

Dental: Company: _____ ID #: _____

Additional Clinical Information:

Welcome to the office of Dr. Alexander H. Malick, DMD

You have been referred by your attending dentist for evaluation and dental treatment under general anesthesia/deep sedation. Here is what you can expect:

1. First appointment: Meet and Greet, discuss treatment plan.
2. Refer to Anesthesiologist who will contact you and clear you for outpatient anesthesia.
3. Financial arrangements will be discussed and signed.
4. Treatment appointment will be set
5. Upon completion of your treatment, follow ups will be arranged.