

**Lincoln Park Center for Dental Anesthesia**

**Robert L. Tentler D.D.S**

*General and Cosmetic Dentistry with IV Sedation*

*Referral Form for Dentistry  
Under Intravenous Anesthesia*

**2551 N. Clark Ste 502 • Chicago, IL 60614**

**(312) 596-2200**

***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:**

\_\_\_\_\_