

Date:- _____

Respected Doctor,

I am herewith referring _____

As per the history provided by the patient _____ & is taking medicines for the same.

Kindly examine the case and opine on their medical fitness whether they can undergo a surgical procedure for **implant placement** involving LA.

We will be obliged if you enlighten us regarding the following as well:-

- Whether any specific pre, intra and post operative care has to be taken (such as antibiotic coverage/ any medications)?
- Whether we can administer local anesthesia with adrenaline?
- Whether we can administer Inj. Atropine/ Glycopyrrolate (if required)?
- **Whether it is possible to discontinue anti-platelets/anticoagulants prior to the procedure (how many days before the procedure to discontinue and when to resume after the procedure)?**

Kindly give your signature & stamp if you've examined the case and are of the opinion that the patient is fit to undergo the treatment suggested.

Signature & Stamp of Doctor

Thanking you for the same

Regards,
Dr. Rohan B. Tari
Dental Mansion