# Template for Physicians Responding to Requests from Dentists

This template is designed to assist physicians in responding to requests from dentists regarding medical clearance for dental procedures, advice about medications, or arranging tests related to dental care. Physicians should customize the template based on the specific request received.

### Instructions for Use

* Copy the text underneath the line below to your letterhead
* Delete any sections that are not relevant to the request you’ve received.
* Delete the text highlighted in yellow
* Modify the wording as necessary to ensure clarity and compliance with your scope of practice.

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**SUBJECT:** Pre-dental request

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your request for: (delete sections as needed)

**Medical clearance for the above-named patient’s contemplated dental procedure:**

As a physician, determination of medical clearance for dental procedures is not in my scope of practice. However, I can share relevant information about the patient’s health status to assist you with your clinical decision-making related to the provision of dental care.

**Advice regarding the above-named patient’s medication:**

I am not able to answer questions about medication used to manage dental issues, such as pre-operative antibiotics, as this is not in my scope of practice.

Please refer to [high-quality clinical guidance](https://www.rcdso.org/standards-guidelines-resources/rcdso-news/frequently-asked-questions), where available and appropriate. If you are not aware of existing guidance, reach out to a Practice advisor at the Royal College of Dentists and Surgeons of Ontario at [practiceadvisory@rcdso.org](mailto:practiceadvisory@rcdso.org).

Where there is no guidance, and when appropriate, I can provide information about medication being used to manage medical conditions that are not in your scope of practice. This may require the patient to book an appointment with me for an assessment.

**Arranging testing for the above-named patient, related to their dental care:**

I may be able to order tests to inform dental care; however, this will generally require me to book an appointment with the patient to assess the patient and determine whether ordering the test is appropriate.

**As a next step:** (delete as appropriate)

**Re:** **clearance for dental procedures:** I can supply a written summary of the patient’s relevant health information. Please allow up to 30 days for a response. If the response is time-sensitive, please outline the urgency, and I will assess what can be arranged.

**Re: medication questions:** For your convenience, I have attached the relevant parts of patient’s medical profile and medication list. Note however, the patient often has the most up to date medication list.

The patient can book an appointment with me.

Please let me know how you would like to proceed. If you still have a concern, please contact my office.

Sincerely,