1. Dental request

Adult outpatient care | Request, response and dental-team review

Patient / encounter identifier: _____

Request date; dentist, practice and direct contact

Recipient clinician / practice; verified return route

Proposed procedure / site / extent; date; urgency and response checkpoint

Include local anesthetic / vasoconstrictor, sedation or none planned, bleeding and fasting considerations.

Numbered medical questions to answer

Relevant conditions / recent changes; medicines and actual reported use

Record name, dose, frequency, indication, source/date; distinguish historical entries and unresolved details.

Past and current antiresorptive / antiangiogenic treatment; head/neck radiation

Drug, dose, indication, route, start/end dates or duration; ongoing/stopped/unknown.

Radiation: type, site, dose/units, dates. Give source/date, unknown details and clinician/record to confirm.

Allergies / reactions; relevant observations or results

Preserve sources, dates and units. Write unknown or not assessed where applicable.

Attachments sent: names, versions, dates and page counts

Sharing discussion / basis; patient instructions already given; dentist authentication

Use dated continuation entries for longer answers; repeat patient identifiers on every page.

Store completed pages securely in the approved clinical record. Verify the intended recipient.

2. Medical response

Adult outpatient care | Request, response and dental-team review

Patient / encounter identifier: _____

Request date/version; exact procedure and anesthetic/sedation scope addressed

Clinician / practice / direct contact; assessment date/method; records reviewed

Current medical status; verified medicines/allergies; unresolved discrepancies

Numbered answers, rationale and supporting information

Medication plan: unchanged / individualized change / not yet decided

For a change: exact drug, dose, timing, restart plan, prescribing clinician and communication status.

Prophylaxis decision / indication or open question; prescribing responsibility

If prescribed: complete regimen, timing and allergy check; attach the authorized instructions.

Further assessment / condition / recheck; owner and checkpoint

Patient discussion actually completed; clinician authentication/date; reply destination

Use dated continuation entries for longer answers; repeat patient identifiers on every page.

Store completed pages securely in the approved clinical record. Verify the intended recipient.

3. Internal dental review

Adult outpatient care | Request, response and dental-team review

Patient / encounter identifier: _____

Request version; sent date/time; verified destination and attachments

Response received: author/version/date/time; dentist reviewed: date/time

Answers accepted or queried; outstanding issue / owner / checkpoint / backup

Dental decision and rationale: proceed / modify / defer / further assessment

Identify the exact procedure, anesthetic/sedation scope and date covered by this decision.

Medication instructions reconciled with the current authorized response

Patient instructions: content / date / route / understanding / remaining questions

Booking status; health, medicine or procedure changes requiring another review

Final record, attachments and task list checked by/date

Use dated continuation entries for longer answers; repeat patient identifiers on every page.

Store completed pages securely in the approved clinical record. Verify the intended recipient.