

MCCARTY ANESTHESIOLOGY^{LLC}
PATRICK D. MCCARTY, D.D.S



DENTIST ANESTHESIOLOGIST
SEDATION AND GENERAL ANESTHESIA FOR DENTAL PATIENTS

Dear Dr _____,

My name is Dr. Patrick D. McCarty, and I am a dentist anesthesiologist. I am writing to inquire about the history of one of your current patients. _____ is scheduled to undergo I.V. sedation / general anesthesia for a dental procedure. This will occur on _____, within an office setting. I would greatly appreciate your consultation in preparation for this procedure. Thank you for your time and consideration. If you have any questions, please contact me at (617) 913-3363.

Sincerely,

Patrick D. McCarty, D.D.S.

Waiver for Release of Patient Medical Records & Information

I, _____, authorize my medical records to be released from the office of _____ to Dr. Patrick D. McCarty for any information that relates to the I.V. sedation / general anesthesia scheduled for the date of _____.

Patient Signature

Print Name