

## Coordination of Care Acknowledgement

*The doctors and staff at Midlothian Family Dentistry take your overall health seriously. There are several things we may need to ensure we are taking as much into consideration as possible prior to certain treatment.*

### **Part I - Consulting with your Primary Care Physician and/or Treating Physicians**

We may need to contact your primary care physician to address whether you are a candidate for certain procedures. We will need your permission to request this information from your doctor, or we may be unable to proceed with the treatment.

I request and hereby authorize the release of my medical/health information from my physician, to Midlothian Family Dentistry, in order to determine my ability to receive dental treatment and/or sedation.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

### **Part II - Managing Medications / Prescriptions**

It is important that we are informed of all medications you may be taking prior to prescribing medications, or providing certain treatments. We can now automatically obtain your prescription history from the Virginia Prescription Monitoring Program (PMP) when deemed necessary. It will make it easier for you to share your medical history with us and give us the ability to provide you with better, more efficient quality care.

In order to take advantage of this program, we will require your permission.

I hereby give permission to MIDLOTHIAN FAMILY DENTISTRY to obtain my prescription history directly from PMP.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

There may be times when Midlothian Family Dentistry may need to phone in a prescription for you. For your convenience, we can save your preferred pharmacy in our system. Please indicate that pharmacy here:

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Location

\_\_\_\_\_  
Phone Number