



**Ann & Robert H. Lurie Children's Pediatric Dentistry with General Anesthesia Order/Consultation Request Form**

Phone: 312.227.6050 Fax: 312.227.9423

The purpose of this form is to request a consultation with Dr. Ray Jurado, D.D.S., Head of Dentistry at Lurie Children's, to discuss a dentistry procedure under sedation. Submitting this form does not guarantee an appointment or an appointment within a certain time frame. For other appointments or concerns, please contact our main office at 312.227.6050.

Please note: General anesthetic or sedation allows for a patient to have dental work done while asleep. After a patient is placed under clinically appropriate general anesthesia or sedation by a pediatric anesthesiologist, all clinically recommended x-rays, fillings, crowns and/or extractions are completed in one visit, as possible. The goal of the anesthetic is to allow the procedure(s) to be completed without awareness. Before the procedure, the parent/guardian will be required to review and consent to Lurie Children's required treatment consent forms, including consenting to the use of sedation.

|                              |   |
|------------------------------|---|
| <b>Patient's Name:</b> _____ | <b>Referring Dentist/Physician/Parent/Guardian:</b> _____ |
| <b>Date of Birth:</b> _____  | _____   |
| <b>Address:</b> _____        | <b>Address:</b> _____                                     |
| _____                        | _____   |
| <b>Phone Number:</b> _____   | <b>Phone Number:</b> _____                                |
| <b>Parent Name:</b> _____    | <b>Fax Number:</b> _____                                  |
| <b>Language:</b> _____       |   |

**Referral details (unable to tolerate in-office visits, special needs, symptoms, potential diagnosis, etc):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**  
**(Referring Dentist/Physician)**

\_\_\_\_\_  
**Date**