

## Necessity for General Anesthesia

Attn: \_\_\_\_\_

My patient, \_\_\_\_\_ ,  
requires general anesthesia for completion of dental  
treatment because of the following medical indication(s)  
as recognized and listed in the American Academy of  
Pediatric Dentistry's "Clinical Guideline for Elective Use  
of Conscious Sedation, Deep Sedation and General  
Anesthesia in Pediatric Dental Patients", and co-endorsed  
by the American Academy of Pediatrics.

Check any that apply:

\_\_\_\_\_ Patient has certain physical, mental or medically  
compromising condition.

\_\_\_\_\_ Patient has dental restorative or surgical needs  
for which local anesthesia is ineffective.

\_\_\_\_\_ This patient is an extremely uncooperative, fearful,  
anxious or physically resistant child or adolescent  
with substantial dental needs and no expectation  
that the behavior will improve soon.

\_\_\_\_\_ Patient has sustained extensive orofacial or  
dental trauma.

\_\_\_\_\_ Patient has dental needs that otherwise would not  
receive comprehensive dental care.

Per my determination dated: \_\_\_\_\_

Signed: \_\_\_\_\_