Jordan Rohrich MS, CRNA 701.527.4855 <u>SleepEasyAnesthesia@gmail.com</u> <u>www.SleepEasyAnesthesia.com</u>

To whom it may concern: Pediatrician / Primary Care Provider

This patient has been instructed to provide this short letter to add clarification for the type of anesthesia the patient will receive during their dental procedure in the dental office setting.

This patient will receive deep intravenous (IV) sedation for their dental procedure. Anesthetic medications to be administered may include; nitrous oxide, ketamine, propofol, midazolam, dexmedetomidine, ondansetron, dexamethasone, lidocaine, and ketorolac.

Thank you for evaluating this patient, knowing the type of anesthesia that they will receive for their dental procedure, in the dental office setting. I appreciate your time and consideration.

If you have any questions, please don't hesitate to contact me. Thank you.

Cheers,

for power

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PLEASE FORWARD All CORRESPONDENCE TO:

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