

## Preoperative History and Physical Examination

Please provide a basic but complete history and physical examination, including any recommendations for perioperative medical management. Fax to Dentist office fax: \_\_\_\_\_ AND have patient/guardian to bring on day of surgery. Thank you.

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|---|
| Patient Name: _____ Date of Birth: _____  |
| Date of exam:   |
| Perinatal History:  |
| Past Medical History:   |
| Past Surgical History:  |
| Known or Suspected Bleeding Disorder?   |
| Family History of Anesthesia Complications?   |
| Allergies:  |
| Current Medications:  |
| Physical Exam: BP: _____ HR: _____ RR: _____ Ht: _____ Wt: _____ Gen appearance: _____  |
| Head and Neck:  |
| Respiratory:  |
| Cardiac:  |
| Abdominal   |
| Extremities:  |
| Does this patient have any known medical conditions that would preclude him/her to have general anesthesia at this time? <span style="float: right;">Y / N</span>   |
| Does this patient has one or more systemic diseases that would require a higher level of care for general anesthesia in a hospital setting where ICU is readily available (ASA III+) <span style="float: right;">Y / N</span> |
| Comments:   |

Examining physician signed: \_\_\_\_\_

Name: \_\_\_\_\_ (printed or stamp)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_