

30 Warren Street Brighton, MA 02135

Please Fax To: <u>781-934-7125</u>

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PREOPERATIVE HISTORY AND PHYSICAL EXAMINATION
(Must be completed no more than 60 days in advance and no later than 2 weeks prior to the procedure)

Patient Name:	DOB:	
Medical History	Medications	
	€	
Family History	Allergies	
,	*	
Previous General Anesthesia Yes No	Indicated Laboratory Data	
Complications with Anesthesia		
Family HX of ANES Complications  Yes No		
If Yes Describe:	rea constant	
	00000000000000000000000000000000000000	
Date of Exam:	ROS	
HT WT		
T P R BP		
Heent	000 CO	
Airway		
Neck	Problem List	
Heart	1 TOSON LIST	
Chest Abdomen		
Extremities	NO. COLOR DE LA CO	
Neuro	88 (1997)	
Skin		
Dhusiaine's Cianatura		
Physician's Signature PLEASE PRINT YOUR CONTACT INFORMATION TO ENSURE YOU RECEIVE A COPY OF THE OPERATIVE REPORT.		
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Name	Tel:	
Address		