

Preoperative History and Physical Examination

Please provide a basic but complete history and physical examination, including any recommendations for perioperative medical management. Fax to dental office: _____ AND give patient/guardian a copy to bring on day of surgery.

Patient Name: _____ Date of Birth: _____
Date of exam:
Perinatal History:
Past Medical History: Known or suspected bleeding disorders? Sleep Apnea or excessive snoring?
Past Surgical History:
Family History of Anesthetic complications?
Allergies:
Current Medications:
Physical Exam: BP: _____ HR: _____ RR: _____ Ht: _____ Wt: _____ O2 Sat on RA: _____ Gen appearance: _____
Head and Neck:
Respiratory:
Cardiac:
Abdominal
Extremities:
Additional Comments:
Additional pertinent Lab results/ imaging results:

Examining physician signed: _____

Name: _____ (printed or stamp)

Address: _____

Phone: _____