Dental Surgery
Center of DC

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1220 Caraway Ct, Suite 1050
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Medical Clearance for General Anesthesia

Low Risk Surgical Procedure

Patient Name:	Date:
Procedure: **Dental exam and surgery under general anesthesia**	
Date of surgery:	

To whom it may concern,

This patient is seeking to be treated under General Anesthesia for a low risk surgery (dentistry). Please complete the enclosed Medical Clearance form and fax or scan the completed H&P and all accompanying documents (blood tests, EKG's, etc, as recommended by PCP and any relevant specialists) to:

The Dental Surgery Center of DC
1220 Caraway Ct.
Upper Marlboro, MD. 20774
Phone: (301) 494- 3000
Fax: (301) 494-3333
Email: smile@dentalsurgerydc.com

If you should have any questions or concerns, please feel free to contact us.

Regards,
The Dental Surgery Center of DC

Thank you

History and Physical for Low Risk Surgery under General Anesthesia

Patient Name: _____ **DOB:** _____ **Date:** _____

Sex	Race	Age	Height	Weight	BMI	BP	Pulse	Resp	Temp

Review of Systems (Check ALL that apply OR check None)

Cardiovascular: __ None
__ Congenital Heart dz
__ Hypertension
__ Angina/Chest Pain
__ MI/CAD
__ CHF
__ Arrhythmia/palpitations
__ Pacemaker/AICD
__ Valvular Disease
__ CABG/Cardiac Surgery
__ Coronary Stent
__ Poor Exercise Tolerance
__ PVD
__ Other_____

Hematologic: __ None
__ Anemia
__ Sickle Cell/ or Trait
__ Bleeding Disorder
__ Cancer
__ Chemotherapy
__ G6PD
__ Other _____

Pulmonary: __ None
__ Asthma/RAD
__ COPD/Emphysema
__ Smoking History
__ SOB
__ Sleep Apnea/Snoring
__ CPAP
__ Cough
__ Wheezing
__ PND/Orthopnea
__ URI
__ Other_____

GYN: __ None
__ Pregnant
__ LMP _____

Psychological: __ None
__ Autism or __ Asperger's
__ PDD or NOS
__ ADHD or ADD
__ Other_____

Neurological: __ None
__ TIA or stroke
__ Seizures
__ Cerebrovascular Disease
__ Dementia
__ Osteoarthritis
__ Rheumatoid Arthritis
__ Psychiatric Disorder
__ Neuromuscular Disease
__ Syncope
__ Shunt
__ Other_____

Anesthesia Airway: __ None
__ Family Hx Anest issues
__ Previous Anest issues
__ Other_____

Kidney/Renal: __ None
__ Kidney Disease
__ Other_____

Other: __ None
__ Hiatal Hernia
__ Reflux
__ Hepatitis Type ____
__ Cirrhosis
__ Thyroid Disease
__ Recent Steroid Use
__ Obesity
__ Diabetes Type I
__ Diabetes Type II
__ Other _____

Pediatrics: __ Normal
__ Recent URI/Illness
__ Developmental Delay
__ Prematurity
__ Congenital Anomaly
__ Other _____

Current Medications ☐ **None**

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Allergies/RXN ☐ **None**
Medication/Seasonal/Foods

_____

_____

_____

Surgical Hx: _____

Most recent Illness: _____Date of illness: _____

General Appearance: _____

HEENT: __ PERRLA __ EOMI __ No Lymphadenopathy __ No JVD __ O/P MNL Thyroid Abnormal _____

Cardiovascular: __ RRR S1S2 __S3 __S4 Abnormal _____

Pulmonary: __ Lungs CTA B/L Abnormal _____

GI: __ Abd Benign-Normoactive BS __ No Hepatosplenomegaly Abnormal _____

Extremities: __ No Clubbing __ No Cyanosis __ No Edema Abnormal _____

Musculoskeletal: __ NML Muscle Tone __ NML Strength Abnormal _____

Neurological: __ CN II-XII __ DTR Intact and equal bilaterally __ NML Mental Status Abnormal_____

I certify I have completed the patient's history and physical.
I clear this patient for General Anesthesia.

Signature: _____ **Date:** _____

Doctor Name: _____ **Phone #:** _____ **Fax#:** _____

Office Name: _____

Updated 2/6/2020