

DENTIST ANESTHESIOLOGIST SEDATION AND GENERAL ANESTHESIA FOR DENTAL PATIENTS

WWW.ZZZDMD.COM

(office) 617.913.3363 (cell): 310.403.7857 (fax) 617.945.2314

Patient:				_			
Date of Procedure	:		_	MD Phone:			
Data as Bisto				MD Fax:			
Date of Birth	•			Age:			
<u>Histor</u> Allergies:		(-)if neg	ative	(+) if positive Previous	Surgeries:		
Asthma:				Provinue	Quraical Camr	lication:	
Asiiiiia.				_ Flevious	Surgical Comp		
Pulmonary D	isease:			Recent	Exposure to Va	ricella: _	
Diabetes:				Seizure	Disorder:		
Heart Murmur:				Sickle Ce	II or Variant:		
Heart Disease	or Defect:			Other Hem	atological Abno	ormalities: _	
Other Conditions:				Family Disea or Anesi	se of Bleeding hesia Complic		ase
Immunizations (ıp to Date?		_Yes	No	Recent ASA:		
Daily Medications	? Dose and 9	Schedule:					
Physical Exa							
Vitals:	Ht.		_ VVt.	Temp		-	
	Resp Rate		_ BP	HR		_	
Mental Status:		Throat:		Lungs:		_	
Eyes:		Neck:		Abdomen:		_	
Ears:		_ Chest:		Extremities:		_	
Nose:		_ Heart:		Neurological:		_	
Lab Data:							
Hct:	Hgb:		UA:	Glucose:		Other:	
Pre/Peri Oper	ative Sug	gestion	s:				
			_				
.NESTHESIA DEEN	IED TO BE OF	F MEDICAL	. NECCESSI	ITY FOR SPECIFIC DENT	AL PROCEDUR	YES	NO