

PRE-OPERATIVE PHYSICAL EXAMINATION FOR DENTAL CARE UNDER GENERAL ANESTHESIA

A Primary Care Provider must complete and return to Special Smiles, Ltd



PLEASE MAKE SURE TO ATTACH: Office Visit Notes and Medication List

Name: _____ DOB: ____ / ____ / ____ DOS: ____ / ____ / ____

ALLERGIES

NKDA
Name of drug/food

Reaction

Tape
Latex
Dye
Other _____

PATIENT OR FAMILY HX OF ANES PROBLEMS None

Malignant Hyperthermia/MH
Pseudocholinesterase
MTHFR

SURGICAL/ANES HX None

CARDIOVASCULAR WNL

Hypertension
CAD
MI date ____ / ____ / ____
CHF
PVD
Afib
Arrhythmia
VSD/ASD
METS<4
Pulm HTN
Pacemaker/ICD
Valvular Heart Disease
Cardiomyopathy
Echo date ____ / ____ / ____

RESPIRATORY WNL

Smoker
THC
Home O2
Asthma
Mild Mod Severe
COPD
Dyspnea
Sleep Apnea
CPAP
Daily Occasionally Never
Trach
PNA date ____ / ____ / ____
Date of last infiltrate:
____ / ____ / ____

HEPATIC/GI/GU/RENAL WNL

CRI
Hemodialysis
Last HD Rx _____
GERD
Dysphagia
PEG
Strict NPO
Liver Disease
Hepatitis

ENDOCRINE WNL

DM Type I
DM Type II
SGLT2
GLP-1
Thyroid Disease
Hyperthyroidism
Hypothyroidism
Adrenal Insufficiency
Medication inst prior to GA:

NEURO/ORTHO WNL

IDD
Nonverbal
Wheelchair bound
Stroke / TIA
Neuromuscular Disease
Cerebral Palsy
Other _____
Anxiety
Autism
Chromosomal Disorder
Down Syndrome
Other _____
Seizure Disorder
Change in frequency
Change in pattern
Change in medication
Date of last seizure ____ / ____ / ____
Other _____

OTHER None

Substance Abuse
Tobacco
ETOH
Anemia
Sexually Active
Thrombocytopenia
Anticoagulant/Anti Platelet
Hold how many days prior to SX _____
Hospitalized in past year
Date/Dx

Ht _____ Wt _____ T _____ HR _____ RR _____ BP _____ SpO₂ _____

I HEREBY CERTIFY THAT I HAVE EXAMINED THE NAMED PATIENT AND ATTEST THAT HE/SHE IS STABLE TO UNDERGO DENTAL SURGERY UNDER GENERAL ANESTHESIA IN AN OUTPATIENT SETTING. THIS PHYSICAL WILL EXPIRE 90 DAYS FROM THE DATE SIGNED.

Primary Care Provider Signature _____ Phone Number _____
Primary Care Provider Name (please print) _____ Fax Number _____
DATE ____ / ____ / ____