Dr. Andrea M Fonner & Dr. Simon Prior
Anesthesiology for Dentistry

PRE-OPERATIVE HISTORY AND PHYSICAL EVALUATION
(TO BE FILLED OUT BY PEDIATRICIAN)

Please fax back to (425) 970-3836

The following patient is being evaluated for ***General Anesthesia for Elective Dentistry*** with Dr. Sue Choi, DDS

Patient Name: _____ DOB: _____ Gender: M / F

Date of H&P exam: _____

Please include classification of *mild/moderate/severe* and *well controlled/poorly controlled/uncontrolled* when describing existing conditions/diagnosis.

Pertinent Medical History: _____

Pertinent Surgical History: _____

Pertinent Family History / History of Anesthesia Complications (including family hx of **malignant hyperthermia**):

_____

Medications: _____

Drug/Food Allergies: _____

REVIEW OF SYSTEMS (check box if within normal limits)

☐ Cardiovascular ☐ Pulmonary ☐ Hepatic/Renal ☐ Endocrine ☐ Hematological

☐ Gastrointestinal ☐ Genitourinary ☐ Neurological ☐ Musculoskeletal ☐ Behavioral

Describe any conditions or abnormalities:

_____

PHYSICAL EXAM

Ht: _____ in/cm Wt: _____ lbs/kg BP _____/_____ HR _____ RR _____

Heart: Lungs: Airway:

Date: _____ Phone: (_____)_____ Fax: (_____)_____

Physician Signature: _____ Print Name: _____

Clinic name/address: _____