



Pre-Operative Health History and Physical Exam

Patient Name: _____ D.O.B.: _____

DX: ___ Multiple dental caries ___ Abscessed Teeth ___ Trauma

Procedure - Complete dental rehabilitation under general anesthesia

Date of H&P: _____

Current Medications: _____

Active Medical Conditions: _____

Allergies: _____

Surgeries: _____

Review of Systems:

Height: _____ Weight: _____ BP: _____ Temp: _____ Pulse: _____ Resp: _____

Please Check if Within Normal Limits

Neurological: ___ Head: ___ Neck: ___ Heart: ___ Lungs: ___ Abdomen: ___ Musculoskeletal: ___ Skin: ___

Endocrine ___

SBE Recommendations: _____

_____ Cleared for general anesthesia for dental treatment

_____ Not cleared for general anesthesia for dental treatment

Physician Signature

Print Name of Physician

Date

Address and phone number

9543 Huebner Road, San Antonio, TX 78240
Office: (210) 268-0414 Fax: (210) 694-5066