

Children's Dental Surgery Center

1523 E March Lane Suite #A*Stockton, CA 95210 Phone 209-952-9000 Fax 209-373-1190

Pre-Op Medical Clearance for General Anesthesia

Patient Name: _____ Date Of Birth: _____

Physician: _____ Office Number: () _____

Weight: _____

Height: _____

Current Medications

Current Diagnosis

Past Medical History

Current Lab Values

PLEASE MARK AN "X" IN EACH AREA. IF ANY ARE ABNORMAL - PLEASE EXPLAIN BELOW

Cardiac

___ WNL
___ ASD
___ HTN
___ Murmur
___ Active
___ Innocent
___ VSD (Eco Required For Non-repairs)
___ Other

Respiratory

___ WNL
___ Asthmatic
___ COPD
___ Chronic Infections
___ Aspiration Precautions
___ Airway Obstruction
___ Other

Neuro

___ WNL
___ Shunt
___ Head Injury
___ Seizures
 [] Controlled [] Uncontrolled
 Last Seizure _____
___ Cerebral palsy
___ Visual problems
___ Other

GI

___ WNL
___ Other

Renal

___ WNL
___ Other

Musculoskeletal

___ WNL
___ Other

Endocrine

___ WNL
___ Other

Hepatic

___ WNL
___ Other

Previous Surgeries [] No [] Yes

** Current use of medications to stabilize patient will need therapeutic lab values and a copy faxed to us.

** For patients >50 years of age, please add: ___ EKG ___ CXR ___ SMA 8

Additional Information/Comments: _____

Print MD Name _____ MD Signature _____ Date: _____