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## Medical Evaluation prior to Dental Surgery with General Anesthesia

Please **FAX** this completed medical evaluation to **(203) 724-2539**

Please **Return** completed form to Parent [Parent should bring original on day of procedure]

This pre-anesthetic HISTORY and PHYSICAL is to be completed by the patient's physician as close to the date of the scheduled procedure as possible. Please return a legible and signed evaluation note addressing general health, prior significant or current systemic disease or illness as well as the patient's current functional status. If other clinicians need to be consulted, or if specific pre-anesthetic medications or lab tests are recommended, please specify.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Vital Signs: BP \_\_\_\_/\_\_\_\_ P \_\_\_\_ Temp \_\_\_\_ RR \_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_

Summary History: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: [ ] NKDA \_\_\_\_\_

Smoking / ETOH / Drugs: \_\_\_\_\_

Prior Surgery or Hospitalizations: \_\_\_\_\_

### PHYSICAL EXAM:

General Appearance: Well appearance [ ] \_\_\_\_\_

Head and Neck: WNL [ ] Tonsil Hypertrophy [ ] \_\_\_\_\_

Cardiovascular: WNL [ ] \_\_\_\_\_

[ ] Congenital Heart Disease [ ] CAD [ ] Valvular Heart Disease [ ] Arrhythmia [ ] PPM / AICD

Pulmonary: WNL [ ] \_\_\_\_\_

[ ] Asthma [ ] COPD [ ] Sleep Apnea

Gastrointestinal: WNL [ ] \_\_\_\_\_

[ ] Reflux [ ] Hiatus Hernia [ ] Dysmotility [ ] Dysphagia

Renal: WNL [ ] \_\_\_\_\_

Hepatic: WNL [ ] \_\_\_\_\_

Endocrine: WNL [ ] \_\_\_\_\_

[ ] Thyroid [ ] Diabetes Other \_\_\_\_\_

Metabolic: WNL [ ] \_\_\_ [ ] Obesity \_\_\_\_\_

Musculoskeletal: WNL [ ] \_\_\_\_\_

Neurological: WNL [ ] \_\_\_\_\_

[ ] Cerebral Palsy [ ] PDD [ ] ADD/ADHD [ ] Seizures [ ] Developmental Delay(s) [ ] Neuropathy

OB / GYN: WNL [ ] \_\_\_\_\_

Available Lab Data: (EKG, Blood [When appropriate] \_\_\_\_\_

Urine HCG Test [When appropriate] \_\_\_\_\_

### COMMENTS / RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_