GATEWAY DENTISTRY GROUP

Pre-Operative Physical
Dental Treatment Under IV Sedation/General Anesthesia

Dear Physician,

It is proposed that the patient named below will have out-patient dental surgery performed at the Gateway Dentistry Group Non-Hospital Surgical Facility under IV Sedation/General Anesthesia. We would appreciate your consultation on the form below to help assess the fitness of this patient for IV Sedation/General Anesthesia. Please notify our office of any significant abnormalities or concerns.

Patient's Name: _____ **Date of Birth:** _____

Personal Health Care #: _____

Past illness and Operations			
CARDIAC	☐ None	**PERTINENT PHYSICAL EXAMINATION**	
☐ Hypertension			
☐ MI		**Height:**	
☐ Angina		**Weight:**	
☐ CHF		**BMI:**	
☐ Cardiac Arrhythmias			
RESPIRATORY	☐ None	**Neck and Head**	No Significant Abnormality ☐
☐ Asthma			
☐ COPD			
ENDOCRINE	☐ None	**Heart**	No Significant Abnormality ☐
☐ Diabetes			
☐ Diet Controlled			
☐ Oral Hypoglycemic		**Lungs**	No Significant Abnormality ☐
☐ Insulin Controlled			
☐ Thyroid			
GI / GJ	☐ None	**Abdomen**	No Significant Abnormality ☐
☐ Peptic Ulcer			
☐ Renal Failure			
☐ Malabsorption Disorder		**Musculoskeletal**	No Significant Abnormality ☐
☐ GE Reflex			
☐ Bleeding Disorder			
MEDICATIONS	☐ None		
ALLERGIES	☐ None	**L.M.P.**	
GENERAL CONDITIONS AND DIAGNOSIS			

It is understood that this data is valid on the date of examination and that the final responsibility for determining fitness for IV Sedation/General Anesthesia rests with the dentist/physician on the day of surgery.

Date of Examination _____ Physician Signature _____

Physician Name (*please print*) _____ Telephone Number _____

IMPORTANT: This form is to be completed and brought (or faxed) to this Facility as soon as possible in order to schedule your dental surgery.

Telephone: 780.539.3555 Fax: ***780.539.3554***