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**: ________________________________

Past illness and Operations	
CARDIAC ☐ None	**PERTINENT PHYSICAL EXAMINATION**
☐ Hypertension	
☐ MI	**Pre-Medication Required** Yes No
☐ Angina	
☐ CHF	
☐ Cardiac Arrhythmias	**Neck and Head** No Significant Abnormality ☐
RESPIRATORY ☐ None	
☐ Asthma	
☐ COPD	**Heart** No Significant Abnormality ☐
ENDOCRINE ☐ None	
☐ Diabetes	
☐ Diet Controlled	**Lungs** No Significant Abnormality ☐
☐ Oral Hypoglycemic	
☐ Insulin Controlled	
Thyroid	**Abdomen** No Significant Abnormality ☐
GI / GJ ☐ None	
☐ Peptic Ulcer	
☐ Renal Failure	**Musculoskeletal** No Significant Abnormality ☐
Malabsorption Disorder	
GE Reflex	
Bleeding Disorder	
MEDICATIONS ☐ None	**Pelvic** No Significant Abnormality ☐
ALLERGIES ☐ None	L.M.P.
	ASA CLASS I II III IV
	(Please circle)
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**