

Dr. Joseph Ilustre Pre-Anesthesia Medical Evaluation

Dear Physician:

I am requesting your medical evaluation of the patient referenced below. Because of this patient's inability to cooperate in a dental setting and/or the extent of dental care required, his or her dentist has recommended that dental treatment be completed under intravenous sedation/ general anesthesia. Thank you for completing this evaluation and assisting me in providing excellent health care for our patient. If you wish to discuss this case with me, please feel free to call me at 281-770-1875

Please also forward a copy of any relevant labs, reports from specialists, operative reports, and any pertinent medical records.

Patient Name: _____ DOB: _____ Age: _____ Sex: _____

Significant Medical History: _____

Hospitalizations: _____

(Please include dates & reasons)

Anesthetic History: (complications) Patient: _____ Family: _____

Medications: _____ Allergies: _____

Physical Exam: Height: _____ Weight: _____ Blood Pressure: ____/____ Temp: ____ Pulse: ____ Resp: ____ SpO2: ____

(Please include units of height and weight)

	WNL	Abnormal (Explain)
General Health		
Cardiac		
Murmur		
Defect		
Respiratory		
Asthma		
Sleep Apnea		
Liver		
Genitourinary		
Neurological		
Seizures		

	WNL	Abnormal (Explain)
Genetics		
Endocrine		
Metabolic		
Hematology		
G.I.		
GERD		
HEENT		
Skin		
Muscular-		
Skeletal		
Other:		
Airway:		
Tonsils:		1+ 2+ 3+ 4+

Based on this patient's health history, is this patient a good candidate for outpatient dental treatment under intravenous sedation/ general anesthesia in an outpatient dental setting?
 Yes _____ No _____ *(please comment below)*

Evaluating Physician Name: _____ Telephone: (_____) ____ - ____
(Please print legibly the name of the evaluating physician whose signature appears below)

Signature: _____ Date: _____

Please fax this completed form to the following dental office:

Office Name _____ Tel _____ Fax _____

The protected health information (PHI) contained in this fax is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific dental / health care services to this patient. Any other use is a violation of federal law (HIPAA) and will be reported as such. If you have received this fax in error, please immediately notify us by phone to arrange for the return of the documents.