Dr. Nancy Vertel, Certified Specialist -
Restricted to Pediatric Dentistry
Owner

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MAPLE RIDGE DENTISTRY for kids

(Please fill out and fax back to 1-888-607-7153)

Dear Doctor,

Your patient is scheduled for dental treatment general anesthesia. Please complete this history and physical examination form, and return it to our office. If you have any questions, please contact our office. Thank you for your assistance.

Patient's Name ________________________ Date of Birth ___________ Phone ________________________

Address____

City/Province ____ Postal Code ____________________

Planned Dental Treatment: Dental restoration and/or extractions under general anesthesia

ALLERGIES____

MEDICATION____

FUNCTIONAL INQUIRY

- Cardiac____
- Respiratory____
- Other____

PAST ILLNESS
- Anesthesia Experience____
- Other____

FAMILY HISTORY
- Anesthesia Problems____
- Other____

PHYSICAL EXAMINATION
- General Appearance____
- B/P ____________ P. __________ R. _________ Wt. __________ Ht. ________
- Head, Neck and Intraoral____
- Heart____
- Lungs____
- Abdomen____
- Skeletal____
- CNS____

Laboratory Tests____

ASA CLASSIFICATION I II III IV

Date ___________________ Physician's Signature ____

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