

ANESTHESIA EVALUATION

Patient: _____
Operating Dentist: _____ Procedure: _____
Age: _____ Height: _____ Weight: _____ B/P: _____

Medical History:

Anesthetic History:

Personal: _____
Family: _____

Review of Systems:

Heart: CP DOE Orthopnea HTN CHF Dysrhythmia _____
Pulmonary: COPD Asthma URI Bronchitis Pneumonia _____
Endocrine: DM Thyroid Obesity Steroid use _____
GI: PUD Reflux HH _____
Liver: Hepatitis Cirrhosis _____
Mus. Skel.: Fractures MH _____
CNS: Seizures CVA Paralysis HA TIA _____
GU: CRF Infections Pregnant _____
Hemo: Coagulopathy Sickle Cell _____
Habits: Smoking Etoh Drugs _____

Medications:

Allergies:

Physical Evaluation:

Heart: _____
Pulmonary: _____
Airway: Classification 1 2 3 4 Head and Neck: _____ TMD: _____ Loose/Missing teeth _____

Hospitalizations:

Surgical: _____
Non-surgical: _____

ASA Classification: 1 2 3 4 5 E **NPO:** _____

Anesthesia Plan: General Anesthesia Monitored Anesthesia Care

Pre-operative medications: _____

Consent (Risks/Benefits/Alternatives discussed, Questions answered, Accepts risks) _____

Date / Time _____ Signature _____ Amy Wong, D.D.S.

Discharge Summary: VSS Alert/Awake Ambulatory IV removed intact Post-op instructions given to
Post-op transport provided by: _____ Room Air SpO₂: _____ %

Post-discharge Note:



SPECIAL DENTAL CARE

"Anesthesia Powered Dentistry"