CHILDREN'S HENDERSON • EVANSVILLE Dentistry

History and Physical

Please fax OR email to:
270-827-8272
drbrad@drfulkerson.com

ST. MARY'S Surgicare

Patient Name (Last, First): _____
Sex: _____
DOB: _____

Physician: Dr. Bradley Fulkerson, DDS
Admitting/Preop Diagnosis: Dental Caries
Planned Procedure: Dental Restorations

History

Significant History/ Past Medical/Surgical/Family: _____

Allergies: _____

Daily Medications: _____

Present Illness: _____

Physical Examination

Ht:_____Wt:_____Temp:_____BP:_____P:_____R:_____

General: _____

HEENT: _____

Chest & Lungs: _____

Heart: _____

ABD & Pelvis: _____

Extremities: _____

Neurological: _____

Other: _____

Impression: _____

My signature indicates that in my opinion, this patient is healthy enough to undergo general anesthesia in an outpatient hospital setting in order to treat dental pathology.

MD Signature: _____ **Date:** _____ **Time:** _____