

# Medical Clearance

Today's Date \_\_\_\_\_

Dear Doctor. The patient presents for dental procedures under general anesthesia.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Allergies: \_\_\_\_\_ Is this patient immunocompromised? Y / N

Past Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Surgical History: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Tobacco (Pack Years) \_\_\_\_\_ ETOH/Recreational Drugs: \_\_\_\_\_ Malignant Hyperthermia: Y / N

Is this patient anticoagulated? If yes, please provide pertinent labs, perioperative recommendation for dental extractions and implants: \_\_\_\_\_  
\_\_\_\_\_

Is this patient followed by a cardiologist? Y / N. Please attach cardiology findings to this form.

Does this patient see any other medical specialists? If yes, please attach names and contact info of the specialists

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Specialty \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Specialty \_\_\_\_\_

If this patient sees more specialists, please attach on separate paper.

## Physical Exam

HR: \_\_\_\_\_ BP: \_\_\_\_\_ SpO2 \_\_\_\_\_ Temp \_\_\_\_\_ Height (cm) \_\_\_\_\_ Weight(kg) \_\_\_\_\_ BMI \_\_\_\_\_

HEENT \_\_\_\_\_ Neurological \_\_\_\_\_ Heart \_\_\_\_\_

Lungs \_\_\_\_\_ Renal \_\_\_\_\_ GI \_\_\_\_\_

Endocrine \_\_\_\_\_ MSK \_\_\_\_\_ Exercise Tolerance (METS) \_\_\_\_\_

Please provide most recent labs including: CBC, BMP, Coagulation, HbA1C, EKG (If applicable)

Is this patient in stable medical condition to undergo general anesthesia for dental procedures Y / N

Additional Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Print Name (MD) \_\_\_\_\_ Signature (MD) \_\_\_\_\_

Please Fax or Email this form to Safe Smile Dental Anesthesia

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