

DENTAL TREATMENT UNDER GENERAL ANAESTHESIA / IV SEDATION

General Anaesthesia Performed by a Board Certified Anesthesiologist

lame			D.O.B					
first	last		personal hea	lth care		dd/mm/yyyy		
under general anesthes by the College of Physic	bove named patient will have out-pat ia or intravenous conscious sedation. cians and Surgeons of Alberta. We wo ia. Please notify our office of any sign	Our facility lould apprecia	nas been inspe ate your consu	ected and Itation on	approved as a	a Non-Hospital Surgio		
Past Illness and Operations			Allergies			☐ None		
			Pertinent Physi	cal Examin	ation			
Cardiac	□ Nor	ne	BP	Р	SaO ₂	rioigiit	cm	
☐ Hypertension ☐ MI ☐ Angina	Cardiac Arrhythmias CHF Congenital Heart Disorder Specify		Neck and Head	i		BMI No significant		
Developmental Delay Specify			Heart			☐ No significant	abnormality	
Respiratory Asthma	☐ Nor	ne	Lungs			☐ No significant	abnormality	
COPD Endocrine	☐ Nor	ne	Abdomen			☐ No significant	abnormality	
☐ Diabetes			Musculoskeleta	al		☐ No significant	abnormality	
GI/GU	Nor	ne	Pelvic			No significant	abnormality	
Peptic Ulcer Renal Failure GE Reflux			L.M.P. General Condi	ions and D	iagnosis			
Medications	☐ Nor	ne e Attached						
esthesia/sedation rest	data is valid on the date of examin with the attending anesthesiolog	gist on the c	lay of surger	/.	-	ermining fitness for		
*pre-operative physical	is valid for 90 days after examination	_ / //yo/c/a//	orgradare <u>—</u>					
sician Name (please prin	t)			_ Pho	ne No			
IMPORTANT: This form is to be completed and faxed/emailed to our dental office before we schedule your appointment.			ges in conc			dd/mm	/sysy	
	4. Fax: (780) 482-0560 ntalservicegroup.ca					Signature (Dentist/Anac	 esthetist)	