

This form is to be completed by the child's Primary Care Provider.



Ketan Sukkawala, DDS    Brian Barras, DDS, MS  
Lawrence Kalke, DMD    John Case, DDS, MS

**Dental Rehabilitation under General Anesthesia--Admission H&P**

*Patient Name:* \_\_\_\_\_

*Date of Procedure:* \_\_\_\_\_

**HISTORY:**

*Chief Complaint:* \_\_\_\_\_

*History of Present Illness:* \_\_\_\_\_

\_\_\_\_\_

**PAST HISTORY:**

*Allergies:* \_\_\_\_\_

*Current Meds:* \_\_\_\_\_

*Medical Problems:* \_\_\_\_\_

*Relevant Past/Social/Family Histories:* \_\_\_\_\_

*Previous Surgery:* \_\_\_\_\_

**PHYSICAL:**

*HEENT:* \_\_\_\_\_ *Weight:* \_\_\_\_\_

*Chest/Lungs:* \_\_\_\_\_ *Heart:* \_\_\_\_\_

*Abdomen:* \_\_\_\_\_

*Back:* \_\_\_\_\_

*Extremities:* \_\_\_\_\_

**DIAGNOSTIC IMPRESSION:**

\_\_\_\_\_

\_\_\_\_\_

**PLAN:**

\_\_\_\_\_

Is patient cleared for dental surgery? (circle one)      YES                      NO

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**PLEASE FAX COMPLETED H&P TO 979-694-5223. THANK YOU!!!**

1103 Rock Prairie Rd., Ste. 1001, College Station, Texas 77845  
1704 South Blue Bell Rd, Brenham, Texas 77833  
Tel: 979-694-5200 Fax: 979-694-5223  
www.brazosvalleysmiles.com