



Dental Surgical
Center of Medina, Inc

3443 Medina Rd. Suite 105 • Medina, OH 44256 • (330)952-1737

PATIENT IDENTIFICATION

**SHORT FORM HISTORY AND
PHYSICAL EXAMINATION
(FOR DENTISTRY UNDER GENERAL ANESTHESIA)**

PLEASE FAX TO 1-330-800-9549 ASAP

Date of Examination _____

Chief Complaint _____

Present Illness _____

Family History _____

Past History and Hospitalizations _____

Birth and Neonatal History _____

Allergies _____ Medications _____

Bleeding Tendencies _____ DRUG REACTIONS _____

EENT _____

Cardio- Respiratory _____

Genito- Urinary _____

Gastro- Intestinal _____

Neurological _____

PHYSICAL EXAMINATION: T P R BP HT WT SA

General Appearance _____

Head _____ Eyes _____

Ears _____ Nose _____

Throat _____ Tonsils _____

Neck _____ Lungs _____

Heart _____ Pulses _____

Abdomen _____

Genitalia _____ Rectal _____

Extremities _____ Neurological _____

Impression or Admission _____

Additional Information _____

Examining Physician _____ M.D. Attending Physician _____ M.D.