



CENTRAL CALIFORNIA DENTAL SURGICENTER

Pre-op Medical Clearance for General Anesthesia
3605 Hospital Road Suite H
Atwater, California 95301
209 381 2047
fax: 209 381 2045

MD: _____ Patient: _____

Office # _____ DOB _____

Current Medications: _____ Current Diagnosis _____

Current Lab Values _____ Past Medical History _____

PLEASE MARK AN 'X' IN EACH AREA AND DESCRIBE ABNORMALS BELOW.

Cardiac: WNL _____ HTN _____ MURMUR _____ ACTIVE _____ INNOCENT _____
ASD _____ VSD _____ (eco required for non-repairs) OTHER _____

Respiratory: WNL _____ Asthmatic _____ COPD _____ Chronic Infections _____
Aspiration Precautions _____ Airway Obstruction _____ Other _____

Neuro: WNL _____ Seizures _____ Controlled _____ Uncontrolled _____ Last Seizure _____
Shunt _____ Head Injury _____ Cerebral Palsy _____ Visual Problems _____ Other _____

GI: WNL _____ Other _____ Endocrine: WNL _____ Other _____

Renal: WNL _____ Other _____ Hepatic: WNL _____ Other _____

Musculoskeletal: WNL _____ Other _____

Previous Surgeries: _____

**Current use of medications to stabilize patient will need therapeutic lab values and a copy faxed to us

**For patients > 50 years of age, please add: _____ EKG _____ CXR _____ SMA 8

Additional comments/notes: _____

Print MD Name _____

MD Signature _____

Date _____