



Date: _____

Dear Physician,

We have a mutual patient that has been referred for treatment of their dental treatment while under general anesthesia. To ensure the highest quality of care, the safety of our patients, it is requested that the patient complete a routine pre-operative health and physical prior to procedure date.

Please find the requested H&P form attached for completion at this exam. Once completed, please fax or email to the following:

Attn: Dr. Chung

Fax: 1-718-324-4601

Email: SleepEasyDental@gmail.com

- **Please provide the patient with the ORIGINAL copy to bring with them on the date of procedure.**
- **Please contact us if you have any questions or concerns at 646-812-3022.**

THE PATIENT IS REQUIRED TO HAVE THEIR H&P TO US WITHIN 48 HOURS OF THE SCHEDULED SURGERY.

Sincerely,

Dr. Chung

Sleep Easy Dental, PC
P 646-812-3022
F 1-718-324-4601

SleepEasyDental@gmail.com
www.SleepEasyDental.com

HISTORY AND PHYSICAL

(2 Pages)

Please Fax or return to:

Office Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Patient Name: _____

Date of Birth: _____

Surgery: Dental Rehabilitation Dental Extractions

Anesthesia: General Anesthesia

Proposed Surgery Date: _____

History:

CHIEF COMPLAINT:

ALLERGIES:

BLOOD PRESSURE/PULSE: _____

WIEGHT: _____

CURRENT MEDICATION:

SURGICAL/MEDICAL HISTORY:

SOCIAL/FAMILY HISTORY:

Patient name: _____ Chart number: _____

PHYSICAL EXAM

PHYSICAL	Please check appropriate block and comment on all abnormal findings		Comments
	Normal	Abnormal	
Review of Systems			
Head, Face Neck and Scalp			
Nose			
Mouth and Throat			
Ears: General			
Drums			
Eyes: General			
Ophthalmoscopic			
Pupils			
Ocular Motility			
Lungs & Chest			
Breasts			
Heart			
Vascular System			
Abdomen			
Endocrine System			
G. U. System			
Upper Extremities			
Lower Extremities			
Spine & other Musculo-Skeletal			
Skin			
Neurologic			
Psychiatric			
Other			

Patient medically cleared to receive treatment under General Anesthesia Yes No

Date History and Physical Exam Completed: _____

Completed By (Print Name): _____

Address: _____

Phone Number: _____

Signature and date