WESTCHESTER MEDICAL CENTER
WORLD-CLASS MEDICINE THAT'S NOT A WORLD AWAY.
Valhalla, New York 10595

PRE-PROCEDURAL PEDIATRIC

Patient _____ DOB _____

Dr. Susan Holiday, D.M.D. phone: 845-548-7846
This is a medical clearance for this child to have dentistry under general anesthesia. Please return with current immunization record and any progress notes to:

EMAIL: SSDNorth@gmail.com
FAX: 845-298-1064

CHIEF COMPLAINT – HX PRESENT ILLNESS
K02.9 Dental Caries
Sedation Dentistry at WMC
with Dr. Susan Holiday D.M.D.

PAST MEDICAL/SURGICAL HISTORY

PREVIOUS OPS OR HOSP ADMIN

MEDICATION DOSE FREQUENCY ROUTE

ALLERGIES _____

IMMUNIZATIONS _____

REVIEW OF SYSTEMS

ENT/Resp _____ GU _____

Cardiac _____ M/Skel _____

Cardiac Pacemaker Yes _____ No _____ TYPE _____

GI _____ *Sickle Cell Disease _____

Bleeding Disorders _____ Other _____

FAMILY/SOCIAL HISTORY

History of anesthesia reaction: Yes _____ No _____

Risk factors _____

PHYSICAL EXAMINATION

Height :	Weight :	BP :	P :	R :	Pain (0-10):	Head Circum:

General	Genitalia	Labs/Reports :
HEENT	Rectal	
Pulmonary	Pelvic	
Cardiac	Neurologic	
Chest/Breast	Extremities	
Abdomen	Other	

DIAGNOSIS & PLAN

Diagnosis _____

Plan _____

I certify that I have evaluated this patient _____ Date: _____

____ I certify that I have re-evaluated this patient and there has been no significant change in his/her clinical condition since the above examination.

____ I certify that I have re-evaluated this patient and there is a change in his/her clinical condition since the above examination. See Progress Note.

Attending Physician Signature _____ Date: _____

Patient Re-examined and Re-assessed - No Change - Date _____ Time _____ _____M.D.