



Pre-Op

Short Form History & Physical Examination (Pediatric Dentistry Under Anesthesia)
Referring Dentist: Dr. Michelle Hershberger

Please Fax Completed Form to 412.661.1305

Patient Name: _____ Date of Birth: _____

Primary Complaint: _____

Present Illness: _____

Family History: _____

Past History and Hospitalizations: _____

Birth and Neonatal History: _____

Medications: _____

Drug Reactions: _____

Bleeding Tendencies: _____

EENT: _____

Cardio-Respiratory: _____

Genito-Urinary: _____

Gastro-Intestinal: _____

Neurological: _____

Physical Examination: T P R BR HT WT SA

General Appearance: _____

Head: _____
Ears: _____
Throat: _____
Neck: _____
Heart: _____
Abdomen: _____
Rectal: _____

Eyes: _____
Nose: _____
Tonsils: _____
Lungs: _____
Genitalia: _____
Neurological: _____
Rectal: _____

Impression on admission: _____

Additional Information: _____

Examining Physician: _____ Date of Exam: _____



Sedation Instructions & Consent for Treatment

- Please arrive approximately 15 minutes prior to your scheduled surgery. If you are late, it is likely that you will be rescheduled. Also, if you no-show and fail to call and cancel your appointment, your child will not be rescheduled.
- **Your child must have clearance from their PCP in order to be seen for Sedation in our office. Please have this completed two weeks prior to their sedation appointment. If we do not receive this, you will be rescheduled.**
- Pediatrician name: _____ Phone number: _____
- You will be given the time of surgery the day before the appointment, although it is subject to change due to cancellations. We may ask you to arrive earlier or later if needed.
- Your child must be accompanied by two adults. One must be a parent or legal guardian. Both escorts must be traveling in the same vehicle when accompanying the child home. **No other children may be present at the appointment so that the sole focus of the parent can be on the child undergoing dental care.**
- Public transportation is prohibited
- Arrangements must be made for yourself or another adult to stay with your child the rest of the day.
- If your child is school age, please do not send them to school or daycare the day of surgery.
- We ask that your child wear loose fitting clothing in short sleeves. Jewelry and hair ties must be removed if in the back of their head.
- **Is very important your child has nothing to eat or drink after midnight the night before surgery.**
- If your phone number changes you must call the office at 412-361-5437 and let us know. Our office will call you two weeks prior to your appointment. If we are unable to reach you or do not receive a response within that week, your child will be removed from our schedule. If you need to change your appointment, we require 48-hour notice.
- If you do not hear from the anesthesia office (Janielle) 4 days before the appointment, please call Janielle at their office, 412-365-4088.

Patients name: _____

Date of sedation: _____

Youth Smiles Dental Center
5918 Penn Avenue
Pittsburgh, PA 15206
Phone: 412.361.5437 Fax: 412.661.1305



Parent/guardian signature: _____

Date: _____

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