



FREDERICK PEDIATRIC DENTAL ASSOCIATES

DELIVERING SMILES WITH HAPPINESS

SPECIALISTS IN PEDIATRIC DENTISTRY

T.P. Sivakumar, DDS, M. Dent. Sc.**
Savithri Sivakumar, DDS, M. Dent. Sc.**
Sruthi Paimagham, DDS*
Kevin Banks, DDS*
Emily Little, DMD*

Dear Physician:

Please fax completed form to our office at (301) 631-0601 and to Holy Cross (Germantown) hospital at (301) 557-5550.

Thank You,

OR Coordinator



(301) 631 0501

(301) 631 0601

www.drsvi4kids.com

52 Thomas Johnson Drive, Frederick, MD 21702

ADA
American
Dental
Association®

HC HOLY CROSS GERMANTOWN HOSPITAL

HISTORY & PHYSICAL EXAMINATION RECORD

name:

DOB:

please fax to (301)631-0601
and

Diagnosis - K02.9 (301)557-5550

General Appearance

Height / Weight

Vital Signs

Pain (Site / Character)
0-10

HEENT

Neck

*Breast

Lungs

Heart

Abdomen

*Rectal

*Pelvic

Genitalia

Bones, Joints,
Extremities

Pulses

Lymph Nodes

Neurologic

Assessment
and Plan

* Please document reason
if not done.



GTSTK001

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)

TIME	DATE
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**HC HOLY CROSS
GERMANTOWN HOSPITAL**
HISTORY & PHYSICAL EXAMINATION
RECORD

Name:
DOB:
please fax to (301) 631-0401 and
(301) 557-5550

PLEASE DOCUMENT PERTINENT NEGATIVES

- Chief Complaint
- Present Illness
- Past History
- Medications
- Vaccinations - Dates
 - Influenza
 - Pneumococcus
 - Other
- Known Allergies
- Family Medical History
- Psychosocial History
- System Review:
 - Head
 - Eyes
 - ENT
 - Resp. System
 - CV System
 - GI System
 - GU System
 - Gyn
 - Neuromuscular

PHYSICIAN SIGNATURE

PHYSICIAN NAME (PRINT)

TIME DATE



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