



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 contact our office immediately at (301) 631-0501 if this patient is not cleared for surgery.

Please fax completed form to our office at (301) 631-0601 and to Shady Grove Adventist Hospital at (301) 309-6056.

Thank You,

OR Coordinator



(301) 631 0501

(301) 631 0601

www.drsvi4kids.com

52 Thomas Johnson Drive, Frederick, MD 21702



HISTORY**PHYSICAL**

HC: _____

Vital Signs BP _____ P _____ R _____ T _____

HPI: _____

SpO2 _____ Room Air O2 _____

Ht. _____ Wt. _____ Head circ. (<2yo) _____

 See Appended Normal Abnormal Significant FindingsHEENT Lungs See appended Date _____

Past Medical/Surgical History/Review of Systems:

Heart Airway Abdomen Extremities MP: Prior Anesthesia Reaction Y NAllergies/Reactions: NonePelvic/Rectal: Deferred Y Current Medication/Dosages: NoneNeurological Status Mental Status

Other Pertinent Assessment:

Preoperative Diagnosis:

Scheduled Procedure:

Signature of MD _____ Date _____

POST-OP PHYSICIANS ORDERS

Signature of person completing H & P _____ Date _____

MODERATE SEDATION if applicable

PS Classification 1 2 3 4 5 6 (see reverse)

Acceptable for sedation Y NDISCHARGE INSTRUCTIONS GIVEN Reevaluated prior to procedure Discharge when criteria met

PHYSICIAN SIGNATURE _____

DATE _____



Patient:
DOB: _____
Please Fax to both #'s
Shady Grove (301) 309-6056
Dr. Sivakumar: (301) 631-0601
ICD-10 Code = K02.9