

Patient		Surgery Date	Family Smiles Dentistry Dr. Evan Clothier Fax: 251-3339
REASON FOR PROCEDURE/OBSERVATION:			
Dental caries			
INITIALS E.C.	The risks, benefits and alternatives have been discussed with the patient. The patient has consented to proceed with the surgery/procedure.		
PREOPERATIVE DIAGNOSTIC TEST/X-RAYS		LIST KNOWN ALLERGIES:	
		Latex Rubber: __Yes __No __Unknown	
SIGNIFICANT PAST HISTORY		MEDICATIONS	

PHYSICAL EXAM PERTINENT FINDINGS	NORMAL	NOT EVALUATED	DESCRIBE ABNORMAL FINDINGS
1. General Appearance			
2. HEENT/Neck			
3. Lungs & Chest (Includes Breast)			
4. Cardiovascular System			
5. Abdomen & Viscera (Include Hernia)			
6. Anus & Rectum			
7. G-U System (Pelvic if indicated)			
8. Neurologic System/Mental Status			
9. Musculoskeletal System			
10. Skin/Lymphatics			
PREOPERATIVE DIAGNOSIS/IMPRESSIONS			
OPERATION/PROCEDURE			
POSTOPERATIVE DIAGNOSIS/DISCHARGE DIAGNOSIS			
PHYSICIAN'S SIGNATURE			DATE
PROGRESS NOTES			
DATE AND TIME			
__ PATIENT MAY BE DISCHARGED		PHYSICIAN'S SIGNATURE	

OUTPATIENT HISTORY/PHYSICAL RECORD
MEMORIAL SURGERY CENTER
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