

John E. Tiano, DDS, PC & Associates

Irwin
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Irwin PA 15642
(724) 864-2888

Greentree
300 Fleet Street, Suite 200
Pittsburgh PA 15220
(412) 937-9070

West Mifflin
4945 Homeville Road
West Mifflin PA 15122
(412) 466-9466

Monroeville
4077 William Penn Hwy
Monroeville PA 15146
(412) 646-1000

Medical History & Physical Evaluation Verification Please Return By: _____

Patient Name _____

Dear Doctor _____,

Your patient has been scheduled for _____.

This surgery will be performed as an office-based procedure. Anesthesia/IV sedation will be administered by a Dentist Trained in IV Moderate Sedation. Please verify and/or provide the following:

Date of the most recent physical examination _____

If possible, would you send those notes along with this signed document?

Significant medical or psychological problems (HPI):

PMH: _____

PSH: _____

Current or recent medication history: _____

Allergies: _____

Ht. _____ Wt. _____ BP _____ Temp _____ Pulse _____ Resp _____

ROS: General Appearance:

Head & EENT:

Lungs:

Heart:

Abdomen:

Extremities/Skin:

Please provide: [] Appropriate laboratory studies [] Interpreted EKG

Assessment: _____

Comments: _____

If you feel that your patient is not medically or otherwise competent to undergo the indicated office-based dental surgery and corresponding anesthetic please indicate so.

Attending Physician Signature _____ Date: _____