

CARING DENTISTRY
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ASHLAND, KY 41105
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PHYSICIAN'S HISTORY, PHYSICAL ORDER AND PROCEDURE

PATIENT NAME: _____

PRESENT ILLNESS: _____

PAST MEDICAL HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

PHYSICAL EXAM:

	NORMAL	ABNORMAL
SYSTEM	_____	_____
LUNGS	_____	_____
ABDOMEN	_____	_____
EXTREMITIES	_____	_____
HEAD	_____	_____
EENT	_____	_____
HEART	_____	_____

ABNORMAL FINDINGS ON EXAM:

DATE OF H&P: ___ / ___ / ___

PHYSICIAN'S SIGNATURE: _____

****FOR PATIENTS IN NURSING HOMES OR LONG CARE FACILITIES PLEASE HAVE LABS PERFORMED AND FAXED TO THE DENTAL OFFICE APPROXIMATELY 2-3 DAYS PRIOR TO DENTAL SURGERY****

****FOR ALL OTHER PATIENTS IT WILL BE LEFT UP TO THE DISCRETION OF THE FAMILY PHYSICIAN WHETHER OR NOT LABS WILL NEED TO BE DRAWN IN ORDER TO RELEASE PATIENT FOR DENTAL SURGERY****