Alberta Surgical Centre

Outpatient Surgery, 202W, 14310-111 Avenue,
Edmonton, Alberta T5M 3Z7

Ph. 780-488-2724

Pre-operative information sheet.

Please complete this questionnaire and have your doctor complete the history and examination.
If you have any questions, please call us or discuss them with your doctor. Thank you.

Please fax the completed form to your dentist's office, Fax # 780-758-1165
and bring the original with you when you bring your child for dental surgery.

Name: _____ Birthdate: Day _____ Month _____ Year _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone #: _____ Alberta Health Care #: _____

Dentist: Dr. _____ Responsible Party: _____ Relationship: _____

Allergies: _____ Known anesthetic problems: Y / N Asthma: Y / N

History	**Examination**	**No significant abnormality**
Chief complaint	Head and Neck	☐
Proposed surgery	Heart / CVS	☐
Past Illnesses and Operations	Lungs	☐
Functional Inquiry	Abdomen	☐
H&N		
CVS	Musculoskeletal	☐
Pulmonary		
Neuro/endocrine	Vital Signs: B.P._____ H.R._____ Resp._____	
Other Previous hepatitis Y / N Medication: Present or Recent ☐ None ☐	Overall General Condition & Diagnosis	
Allergies None ☐	Lab results – as indicated – EKG if over 55	

Physician Signature: _____ Physician Name (print): _____

Date: _____ Physician Phone Number: _____ Fax: _____