



Dear Doctor:

A recent dental examination revealed multiple carious teeth (ICD #521.0), and acute stress reaction (ICD #308.9) and a child totally incapable of safely receiving dental treatment in the office. Due to the extensive nature of the dental disease and the child's inability to tolerate treatment in the regular out-patient setting, we feel it would be in this child's best medical interest to perform treatment under general anesthesia. Further, since we believe in the care of the total child, we follow the policies with respect to protection of the developing psyche which have been adopted by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry. It is in this child's best medical interest to be treated under general anesthesia.

Capital Children's Healthcare is a free-standing, state-of-the-art, beautiful facility just off of Landover Road in Upper Marlboro, just east of Washington DC. It is comprised of 1 Class C operating rooms (meaning full general anesthesia and/or sedation), a 5 bed PACU and a 2 bed stepup / step-down unit. **Capital Children's Healthcare is the only Ambulatory Surgical Center in the DC metro region dedicated to treating children and special needs adults for dental care.**

Patient selection is reviewed and approved by an Anesthesiologist. **All care is overseen by an Anesthesiologist** who is present at all times, from sedation to discharge. Our medical staff and nursing staff are ACLS/PALS certified.

The information you provide on the history and physical form will be utilized by the Anesthesiologist to determine the safest method of treatment to accomplish our goals of completing comprehensive dental care.

Thank you in advance for your cooperation,

Kyle Welch  
Administrator, Capital Children's Healthcare



## HISTORY AND PHYSICAL EVALUATION

*Your child must be seen by the pediatrician or primary care physician within 30 days of the scheduled procedure.*

Capital Children's Healthcare is a Maryland Department of Health certified Ambulatory Surgery Center. It is the only surgery center in the Washington DC Metro area dedicated to providing dental care under general anesthesia for children and special needs adults. All anesthesia is provided by Board Certified Anesthesiologists. Maryland law requires a history and physical within 30 days of treatment in an ambulatory surgery center. Please complete this form and return it to the patient for forwarding to the Surgicenter or mail/fax the completed form to the address provided above. Thank you for participating in this patient's care.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Pre-Op Diagnosis: Multiple Carious Teeth, Acute Stress Reaction Proposed Procedure(s): Oral Rehab

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

PAST MEDICAL HISTORY (include pulmonary, cardiac, psych) \_\_\_\_\_

PAST SURGICAL HISTORY \_\_\_\_\_

### PHYSICAL EXAM

HT: \_\_\_\_\_ WT: \_\_\_\_\_ lb/kg AGE: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

General Appearance: \_\_\_\_\_

Check Box If No

Significant Findings

Describe Abnormal Findings

- HEENT \_\_\_\_\_
- Lungs \_\_\_\_\_
- Heart \_\_\_\_\_
- GI/AB \_\_\_\_\_
- GU \_\_\_\_\_
- Back \_\_\_\_\_
- Extremities \_\_\_\_\_
- Neuro \_\_\_\_\_

DATA (labs, EKG, etc. if indicated)

IMPRESSION (Please sign and date below)

The above named individual has been examined today. The patient has been found to be in good health, without evidence of infectious disease. There is no contraindication to general anesthesia or surgery as scheduled.

Signature: \_\_\_\_\_

Print/Stamp Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

CAPITAL CHILDREN'S OFFICE USE ONLY

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Record Number: \_\_\_\_\_