

Alberta Surgical Centre

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

Ph. 780-488-2724, Fax 780-488-2774

Pre-operative information sheet.

Please complete the top portion 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 Avenue Pediatric Dentistry (Dr. Perusini)
Fax# (780-428-1032) and bring the original with you the day of the surgery.**

Name: _____ Birth date: Day: _____ Month _____ Year _____

Address: _____ City: _____ Province: _____

Postal code: _____ Phone #: _____ Alberta Health Care Number: _____

Dentist: **Dr. Perusini** Responsible party: _____ Relationship: _____

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

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

Physician Signature: _____ Physician Name (print): _____

Date: _____ Physician Phone Number: _____ Fax: _____