

Jeffrey A. Hiester, D.D.S.

EAST
7200 E. Virginia Street
Evansville, IN 47715
(812) 479-8609

WEST
2345 W. Franklin Street #101
Evansville, IN 47712
(812) 401-6095

Date: _____

Dear Doctor:

_____ has been examined in my office and is in need of dental treatment. Due to the patient's age, size, and/or medical mental condition, and the type and amount of dental treatment needed, the parents and I have planned to complete the work under general anesthesia as an outpatient at **Surgicare Outpatient Surgical Center**.

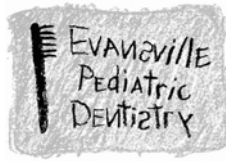
A history and physical (H&P) is required by the anesthesiologists before the surgery. It can either dictated to **Surgicare Outpatient Surgical Center** at (812) **475-1000** or it can be faxed to (812) **475-1001**.

The surgery date is set for _____. The admitting nurse will need the history & physical prior to that day.

If you have any questions, please call me at (812) 479-8609. Thank you for your time and help in this matter.

Sincerely,

Jeffrey A. Hiester, D.D.S.



Original Copy is to be brought to St. Mary's Surgicare on the day of the surgery by the parent/guardian.

Prior to surgery a faxed copy needs to be sent to St. Mary's Surgicare (812-475-1001) and Evansville Pediatric Dentistry (812-479-5554).

Patient Name _____

Doctor _____ **Date** _____

History

Anticipated Surgery _____

Allergies _____

Significant PMH & SR _____

Present Condition _____

Physical Examination

Height	Weight	Temp	Pulse	Resp	BP
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General _____

HEENT _____

Chest & Lungs _____

Heart _____

Abdomen & Pelvis _____

Extremity _____

Neurological _____

Miscellaneous _____

Impression _____

Physician's Name

Physician's Signature

Date