



94 Stevens Road, Toms River, NJ 08755 * 732-914-1100 Ext. 3736
Ambulatory Care Clinic www.childrens-specialized.org

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12/20/11
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To: Attn: Dr. Yassin
Fax # 609 242 1906
Re: Vivian Jackson
Date: 10/28/11

From: Jen Manzo RN
Ambulatory Care Department
Fax # 732-797-3812
Phone # 732-914-1100 ext. 3736

Number of pages: (including cover page) 2

Message:

Please complete clearance form and
Return with prescription for sedated MRI
and insurance referral if necessary.

Confidentiality Notice:

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Dr. Yasser

609-971-0010

Dear Primary Care Physician,

The following patient has been referred to Children's Specialized Hospital for an Auditory Brain Stem Response test with mild sedation. In order to assure patient safety, please complete the following History and Physical form. This form is to be completed by the Primary Care Physician. **PLEASE NOTE:** the patient may not be sedated if this form is not completed and faxed back to Children's Specialized Hospital no later than the day before the scheduled date.

o Mountainside- Phone (908)301-5467 Fax (908)301-5531

o Toms River- Phone (732)914-1100 ext. 3736 Fax (732)797-3812

Patient Name: *Vivian Jackson* Date of Birth: 5 / 4 / 09ABR scheduled date 12/23/2011Pre-sedation HistoryMedical Diagnosis: *Autism*Previous Sedation/Anesthesia Date / / Agent(s) Used:

Allergies:

List Current Medications:

Past Medical History:

Check any recent or chronic symptom or problem with:

- ☐ Fever
- ☐ Nasal congestion
- ☐ Apnea/snoring
- ☐ Asthma/other respiratory problems
- ☐ Head/facial anomalies/abnormal airway
- ☐ Cerebral palsy/seizures
- ☐ GI reflux
- ☐ Anemia
- ☐ Sickle cell
- ☐ Bleeding problems
- ☐ Kidney failure/problems
- ☐ Cardiac disease
- ☐ Liver disease
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Swallowing problems
- ☐ Communicable disease
- ☐ Failure to Thrive

Explanation for any of the areas checked above:

✓ If there is a reason this patient should not be sedated please contact us at the number above. *1**

Please provide patient with a prescription for a Sedated ABR and an Insurance referral if necessary.