* Doctor writes Please complete and fax 699-9195

SPARTANBURG
Regional Healthcare System

☑ SMC ☐ PMC ☐ ASC

OUTPATIENT HISTORY AND PHYSICAL

H & P must be completed within 30 days prior to the procedure. AN IMMEDIATE PRE-PROCEDURAL H & P UPDATE IS REQUIRED.

Patient Name:

Attending Physician: Referring Physician: Charles Birch, DMD

Allergies
☐ NKA

HISTORY

Chief Complaint: Dental Caries

History of Present Illness/Including Previous Therapy:

Previous Medical History

Previous Surgical History

Current Medications Anticoagulants: ☐ Yes ☐ No _____

Pregnant: ☐ Yes ☐ No LMP:	Smokes: ☐ Yes __ packs/day ☐ No	Alcohol: ☐ Yes ☐ No	Illicit Drugs: ☐ Yes ☐ No

Review of Systems:

CURRENT PHYSICAL EXAMINATION

Sex: ☐ Male ☐ Female Age: Height: Weight: BP: Pulse: Respirations: Temperature:

	Not Relevant	Normal	
HEENT:			
Cardiovascular			
Respiratory			
Abdomen:			
Pelvic:			
Neurological:			
Extremities:			
Mental Status:			

Diagnosis 521.00 Dental Caries

Planned Procedure 41899 - Restorative Dentistry Under General Anesthesia

SIGNATURE IF OTHER THAN MD/Scribe
TITLE Date/Time:

Physician Signature Date/Time:

Patient Label

Fax - 864-699-9195
Good For 30 days

1256 (Rev. 09-14)