

Simply Special Dental of Voorhees

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OR Surgery Scheduling

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Patients name: _____ Surgery Date: _____

Make an appointment to see a Primary Doctor for Pre-op Physical within 30 days of surgery date and make sure to have a physical Complete in 2 weeks before surgery date.

Get a written clearance from any specialist the patient goes to regularly. Get a clearance stating the patient is cleared for "**GENERAL ANESTHESIA**" for dental work/surgery and **summary of the visit**. If you have not seen a specialist within 6 months of your surgery date make an appointment immediately with the specialist, so the appointment can be done within 30 days of the surgery date.

Do not leave the appointment without written clearance(signed and date), and a summary of the visit.

If you fail to supply all paperwork needed 2 weeks prior to your surgery date, the surgery will be canceled.

Testing needed

EKG and bloodworks- Check the Elmer Inspira guidelines policy.

Cardiology Clearance- If there is an existing heart condition, a note from a cardiologist stating the patient is **cleared for General anesthesia** for dental work/surgery, with the doctor's signature and dated, **attached with EKG and blood work**.

Neurology Clearance- is required from anyone who sees a neurologist (include the Neurologist's written clearance stating the patient is **cleared for General anesthesia** for dental work/surgery, with doctor's signature and dated, attached with summary visit.

Consent from guardian- Doctor will call the week of the surgery date to get a verbal consent, make sure we have the correct numbers to reach the Guardian. Consent is only good for 30 days.

Pregnancy test- Hcg or urine test.

Patient name: _____ **DOB:** _____

Primary Doctor name: _____ Phone: _____

Specialist Doctor's name: _____ Specialty: _____

Allergies(Include food and latex) _____

Height in cm _____ Weight in lbs/kg _____

Is the patient a resident of a group home, nursing home or correctional facility? **Yes** ____ **No** ____

1.Does the patient have any heart problems(history of heart attack,heart surgery,chest pain,heart failure,bypass or stent? Yes ____ No ____

2.Does the patient have any problems with their lungs requiring steroids or home oxygen?(Asthma,COPD or Emphysema? Yes ____ No ____

3.Does the patient become short of breath walking up a flight of steps (8-12 steps)?
Yes ____ No ____

4. Does the patient have Diabetes? Yes ____ No ____

5.Is the patient insulin dependent?Yes ____ No ____

6. Does the patient have kidney problems? Yes ____ No ____

7. Does the patient take a blood thinners(Coumadin,Warfarin,Xarelto,Eliquis,Plavix,Pradaxa,ASA)
Yes ____ No ____

8.Does the patient have kidney problems? Yes ____ No ____

9.Is the patient in renal failure?Yes ____ No ____

10.Is the patient on Dialysis?Yes ____ No ____

11.Does the patient have implantable devices? Yes ____ No ____

If yes

Make

Model#

____ Pacemaker	_____	_____
____ Defibrillator	_____	_____
____ Orthopedic	_____	_____
____ Other	_____	_____

12.Does the patient have a history of severe allergic reaction to beta lactams(anaphylaxis, Stevens-Johnson Syndrome,angioedema)? Yes ____ No ____

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_____ **Medical Clearance(History and Physical within 30 days of Procedure.**

_____ **Guardianship papers from the state**

_____ **Copy of Medication list**

_____ **Cardiology clearance within 3 months (as long as there's no Changes of patient's health)**

_____ **Neurology clearance within 3 months (as long as there's no Changes of patient's health)**

_____ **EKG within 3 months (Check the Elmer safety guidelines)**

_____ **Labwork within 3 months (Check the Elmer safety guidelines)**

_____ **Pregnancy test**

