



Pediatric Dentistry
of Nanuet, PLLC

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**Mayer Noskow, DDS
Shady Samuel, DDS
Phong Ta, DDS**

Patient Name _____

Date of Birth _____

Date	Time	Title	History & Physical Exam Pediatric
			Chief complaint/Scheduled surgery:
			History of present illness:
			Birth/Neonatal history (if pt. less than 5 y.o. or illness related to birth hx):
			Past medical history (include any bleeding hx):
			Past surgical history:
			Family history of anesthetic complications:
			Allergies:
			Medication:
			Physical exam: BP= P= R= HT= WT=
			General appearance:
			Head and neck:
			Respiratory:
			Cardiac:
			Abdominal:
			Extremities:
			Neurologic:
			Labs (at discretion of pediatrician): pt. less than 16 y.o.: CBC, UA
			PT. 16 and over: CBC, UA, PT/PTT, SMA12 (Albumin, Alk, Phos.
			Bill (total), BUN, Ca Creat., CO2, Gluc., K, Na, Protein (Total) (SGPT)
			As indicated by history: EKG, chest x-ray, blood chemistries
			Assessment:
			Any contraindications to dental rehabilitation under IV sedation yes / no

Date: ____/____/____

Office Phone #: _____

Dr. Signature: _____