Dear Parent:

Your child must be seen by his/her physician for a pre-surgical clearance. Attached is the health evaluation form that must be completed by your child’s physician at the time of examination in order to have his/her dental treatment done at the Red Lion Surgicenter.

Please return this original pink evaluation form to the OR Coordinator in the self-addressed, stamped envelope. As soon as we receive it, we will contact you to schedule your child for surgery.

If you have any questions, please contact our office.

Thank you.
OR Coordinator
Dear Doctor:

Our most recent dental examination revealed multiple carious teeth (ICD #521.0), and acute stress reaction (ICD #308.9) and a child totally incapable of safely receiving dental treatment in the office. Due to the extensive nature of the dental disease and the child’s inability to tolerate treatment in the regular out-patient setting, we feel it would be in this child’s best medical interest to perform treatment under general anesthesia. Further, since we believe in the care of the total child, we follow the policies with respect to protection of the developing psyche which have been adopted by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry. It is in this child’s best medical interest to be treated under general anesthesia.

The Red Lion Surgicenter is a free-standing, state-of-the-art, beautiful facility just off of Red Lion Road in Northeast Philadelphia. It is comprised of 3 Class C operating rooms (meaning full general anesthesia and/or sedation), a 6 bed PACU and a 3 bed step-up/step-down unit. Red Lion Surgicenter is the only Ambulatory Surgical Center in the nation dedicated to treating children and special needs adults for dental care. Over 1000 pediatric cases are performed successfully every year.

Patient selection is reviewed and approved by a Pediatric Anesthesiologist. All care is overseen by a Pediatric Anesthesiologist and Certified Registered Nurse Anesthetist (CRNA) who are present at all times, from sedation to discharge. Our medical staff and nursing staff are ACLS/PALS certified.

The information you provide on the history and physical form will be utilized by the Pediatric Anesthesiologist to determine the safest method of treatment to accomplish our goals of completing comprehensive dental care.

Thank you in advance for your cooperation,

Joshua A. Bresler DMD
Medical Director, Red Lion Surgicenter
Your child must be seen by the pediatrician or primary care physician within 30 days of the scheduled procedure.

Red Lion Surgicenter is a Pennsylvania Department of Health & AAAHC certified Ambulatory Surgery Center. It is the only surgery center in the nation dedicated to providing dental care under general anesthesia for children and special needs adults. All anesthesia is provided by Board Certified Pediatric Anesthesiologists. Pennsylvania law requires a history and physical within 30 days of treatment in an ambulatory center. Please complete this form and return it to the patient for forwarding to the Surgicenter or mail/fax the completed form to the address provided above. Thank you for participating in this patient’s care.

Patient Name: ______________________________________    DOB:__________________

Pre-Op Diagnosis: Multiple Carious Teeth, Acute Stress Reaction    Proposed Procedure(s): Oral Rehab

Allergies:                                                                                                      

Current Medications:                                                                                              

PAST MEDICAL HISTORY (include pulmonary, cardiac, psych)                                                          

PAST SURGICAL HISTORY                                                                                             

PHYSICAL EXAM

HT:_______    WT:________   AGE:_______  BP:__________  P:___________  R:___________

General Appearance:                                                                                               

Check Box If No Significant Findings

□ HEENT

□ Lungs

□ Heart

□ GI/AB

□ GU

□ Back

□ Extremities

□ Neuro

DATA (labs, EKG, etc. if indicated)

IMPRESSION (Please sign and date below)

The above named individual has been examined today. The patient has been found to be in good health, without evidence of infectious disease. There is no contraindication to general anesthesia or surgery as scheduled.

Signature:__________________________________________________________

Print/Stamp Name:__________________________________________________

Date:_____________    Phone:_________________