

**Pediatric Dentistry of Poughkeepsie, PLLC**

Mayer Noskow, DDS  
Phong Ta, DDS

243 North Rd. Suite 1B  
Poughkeepsie, NY 12601

Tel: (845) 454-3025  
Fax: (845) 454-3054  
drnoskow@poughkeepsiepd.com  
www.poughkeepsiepd.com

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: \_\_\_\_\_