



This form will be required for our patients with cardiac history who are undergoing dental surgery and will be furnished to the anesthesiologist for this patient's chart.

**PLEASE EMAIL COMPLETED FORM ALONG WITH MOST RECENT STRESS TEST AND EKG TO
drsmith@mountainda.com**

PREOPERATIVE CARDIAC CLEARANCE

PATIENT NAME:

DOB:

DATE OF SURGERY:

SURGEON:

**CARDIAC DIAGNOSIS &
HISTORY:**

CURRENT MEDICATIONS:

RECOMENDATIONS:

ADDITIONAL COMMENTS:

The above name patient is cleared for anesthesia:

Doctors Signature:

Date:

Phone:

Fax: