

Alpine Dental Anesthesia Associates  
Dr Taurean Smith DMD



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: