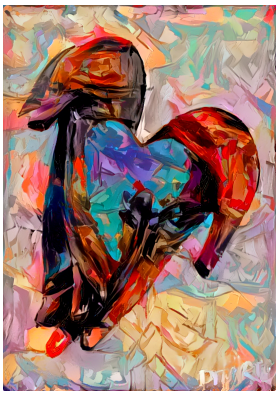

Medical History and Physical Review

Dr. Robert Marciniak
1-271 Ingram Street
Duncan, B.C. V9L 1P3
Phone: (250) 748-1252
Fax: (250) 748-1566

Patient Name: _____
Date of Birth: _____
Address: _____

Please fill out the above information

1. Please bring this form to your physician and ask to have the form completed
2. Please bring or fax the form to Dental Office (250) 748-1566

Past Illness Previous Surgeries	**Family History / Anesthesia Problems**

Allergies	**Medications**

Functional Inquiry Cardiac	**Respiratory**

Physical Exam

BP _____ Heart Rate _____ Head and Neck: _____ Cardiac:_____

Weight _____ (kg) Height _____(cm) Respiratory: _____ Liver:_____

Endocrine:_____ GI: _____

Kidneys:_____ Other:_____

Additional Comments

Physician Signature: _____