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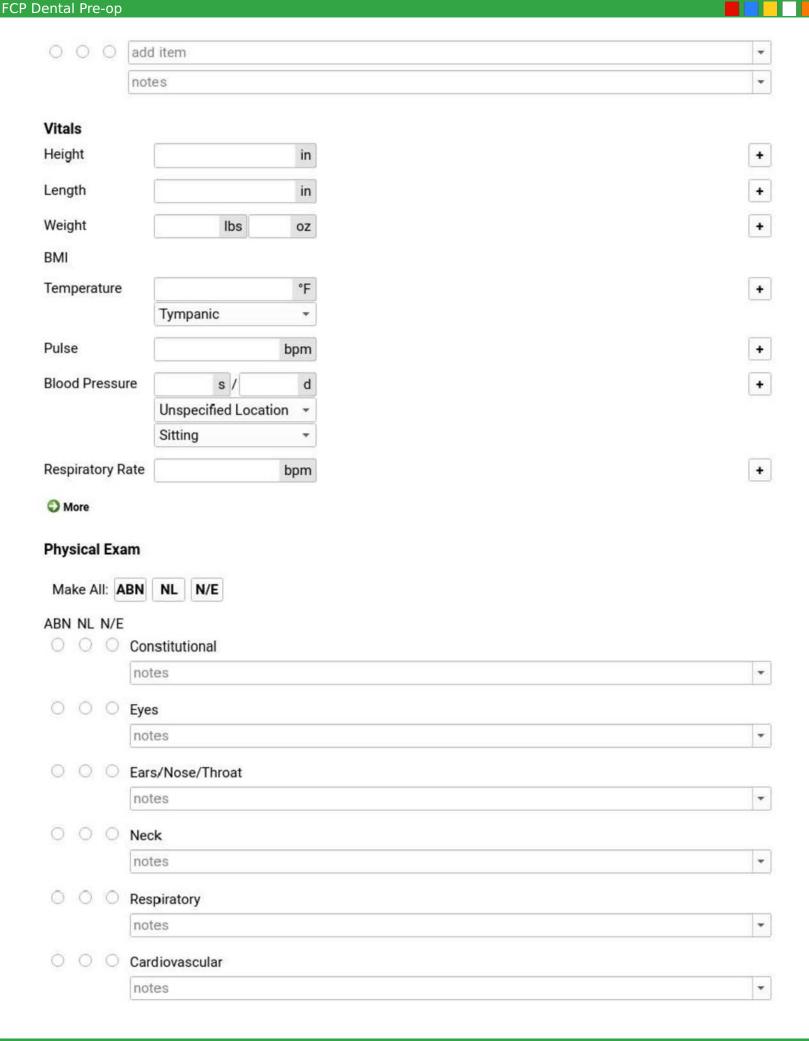
seleci		
	t smoking status	
mmu	nization Review	
Chief	Complaint	
Provid	der start time	
HPI		
HPI		
Selec	nt All	
100	nsult requested by	
	otes	
Dro	ocedure to be performed	
	otes	
Loc	cation of procedure	
	ntes	
Dat	te of procedure	
no	otes	
Pre	evious surgery/anesthesia and/or problems	
no	otes	
Cui	rrent concerns/symptoms	
no	otes	
ad	ld item	
Const.	otes	

Review of Systems by system

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bn	NL	N/A		
)	0	0	Constitutional	
			notes	
0 0	0	0	Eyes	
			notes	
0 0	0	0	Ears/Nose/Mouth/Throat	
			notes	
00	0	0	Respiratory	
			notes	
0 0	0	0	Cardiovascular	
			notes	
)	0	0	Gastrointestinal	
			notes	
)	0	0	Genitourinary	
			notes	
0 0	0	0	Musculoskeletal	
			notes	
on	NL	N/A		
0 0	0	0	Integument	
			notes	
00	0	0	Neurological	
			notes	
0 0	0	0	Allergic/Immunologic	
			notes	
00	0	0	Hematologic/Lymphatic	
			notes	
0 0	0	0	Endocrine	
			notes	
0 0	0	0	Psychiatric	
			notes	

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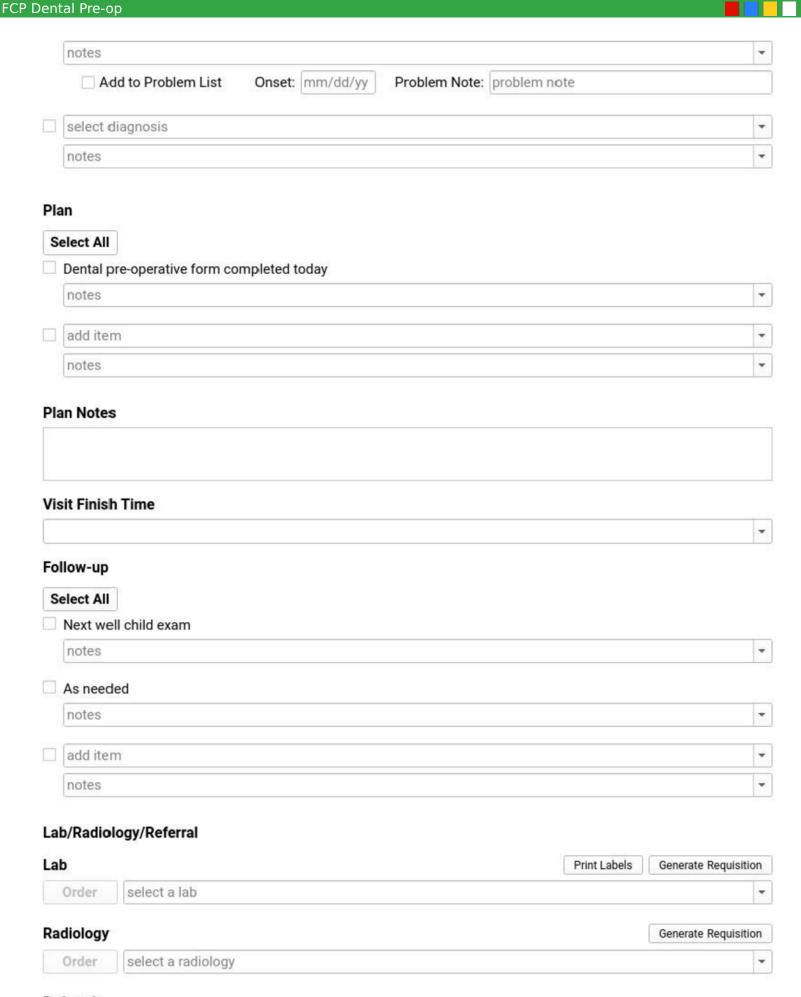


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0	0	0	Breasts		
			notes	*	
0	0	0	Gastrointestinal		
			notes	•	
ABN	NL	N/E	Genitourinary (female)		
			notes	•	
0	0	0	Genitourinary (male)		
			notes	•	
0 0	0	0	Lymphatic		
			notes	*	
0	0	0	Musculoskeletal		
			notes	•	
0 0	0	0	Back/Spine		
			notes	*	
0 (	0	0	Integument		
			notes	*	
0	0	0	Neurologic		
			notes	•	
0	0	0	Psychiatric		
			notes	•	
ABN	NL	N/E	add item	-	
0	0	0	notes	<b>+</b>	
Diag	jnos	es			
	enta	al car	ies		
	Refir	e the	e diagnosis of Dental caries	*	
92			✓ Include on Patient Report	S	
1	note	S		•	
		Add	to Problem List Onset: mm/dd/yy Problem Note: problem note		
-					
	hysi	cally	prepared to undergo surgery  ✓ Include on Patient Re	enort	

FCP Dental Pre-op

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Referral

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Physical Exam
 Diagnoses

16. Prescriptions17. Visit Documents

15. Lab/Radiology/Referral

14. Plan

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