

Farmer Pediatric Dentistry, PSC
305 Morton Blvd
Hazard, KY 41701
606-436-5437

Name: _____

Surgery Date: _____

- A representative from our office or the surgery center will contact you with your child's surgery time.
- 7 days before the surgery call our office to confirm the appointment.
- Schedule an appointment to have a physical examination completed. The physical examination has to be done within the week of the surgery date. Have the completed form faxed to our office at 606-436-5438.
- After midnight the night before the surgery, your child cannot have anything to eat or drink.
- Please remove all fingernail and toenail polish the night before surgery.
- The morning of the surgery, please bring a copy of the completed physical exam form and a change of clothes.
- Food ideas you should have at home the day of the surgery include: saltine crackers, warm chicken noodle soup, scrambled eggs, applesauce, sprite (no straw). Your child may also need Children's Motrin for pain.
- If there are any changes in phone numbers, health status, or insurance please call our office immediately.
- Our policies are not flexible and are very important. The time we have scheduled for your child is unavailable to anyone else, and is reserved especially for you. We have a long waiting list of patients for our operating room on your scheduled day. It is crucial you arrive on time. If you are late or don't show up for your scheduled appointment it affects the hospital and hospital personnel's schedule, the anesthesiologist's schedule, and Dr. Farmer's schedule for the remainder of the day. Therefore, broken appointments may not be rescheduled. If you need to cancel a surgery date one week notice is required and your child will be placed at the end of the surgery list. Thank you for your cooperation.

Hospital Information:
Mary Breckenridge ARH Hospital
130 Kate Ireland Drive
Hyden, KY 41749
606-672-2901

Appalachian Regional Healthcare, Inc.
History and Physical Examination

Patient Label

HOSPITAL REGULATION: All positive and important negative findings shall be recorded in standard order.

History Unit No. _____ 85-HS Yes No B N-B E or E-D Sex _____ Age _____ Floor _____ Room _____
Unit and/or service _____ Attending Physician _____
Height _____ Weight _____ B.P. _____ For pediatric patients:
Measurements: Head _____ Chest: _____

Appearance:

HEENT:

Lungs:

CVS:

Abdomen:

Neuro:

Assessment:

PHYSICIAN SIGNATURE: _____ DATE/TIME: _____

BOTH SIDES OF THIS SHEET MAY BE USED

