



Omaha Ear, Nose & Throat Clinic, P.C.

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Date: _____

Patient Name: _____ DOB: _____

Planned Procedure: _____

Date of Procedure: _____ Location: LASC CMH MSH UNMC BTW

Operating MD: ANN EDMUNDS, M.D.

Chief Complaint / History of Present Illness: _____

Past Medical History: NONE Heart Disease Lung Disease Asthma Diabetes HTN Stroke
Bleeding Tendencies Anesthesia Problems OTHER _____

Major Operations: _____

Medications: _____

Allergies to Medications: NKDA _____

Social History: NONE Smoker ppd _____ Non Smoker Drug Use Alcohol Use

Family History: _____

Vital Signs: BP ____/____ P____ R____ T____ Wt____

HEENT: Normal Abnormal _____

Heart: Normal Abnormal _____

Lungs: Normal Abnormal _____

Abdomen: Normal Abnormal _____

Diagnosis: _____

I have explained anesthesia options and risks and have determined that this patient is medically cleared for the above procedure.

M.D. / PA-C