



Lakeside Dental Surgery Center  
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www.lakesidedentalsurgerycenter.com

# FAX

<b>To:</b>	Patient Navigator	<b>From:</b>	
<b>Fax:</b>	(904) 306-1351	<b>Fax:</b>	
<b>Phone:</b>	(904) 395-4840	<b>Phone:</b>	
<b>No. Pages:</b>	2	<b>Date:</b>	
<b>Subject:</b>	History and Physical Form		

Comments:

The above-named patient is scheduled to receive dental rehabilitation under general anesthesia at Lakeside Dental Surgery Center. The center requires a History and Physical (H&P) by the patient's primary care provider at least 7 days prior to surgery and no more than 28 days prior to surgery.

Please fax this coversheet and H&P form back to the Patient Navigator. For the H&P to be valid, it must be completed and signed by the patient's MD, NP, or PA.

\*Please provide original form to patient\*

For questions, please contact one of our Patient Navigators at (904) 395-4840.