

During the course of your recent anesthetic, your anesthesia providers encountered difficulty while managing your airway or helping you breathe. We are providing this letter for your records. We would recommend that you provide this letter to physicians who care for you, especially if you have another procedure requiring anesthesia in the future. During the course of your care we observed the following:

Pre-Operative Examination:

- Mallampati Score
 - 1
 - 2
 - 3
 - 4

- Thyromental Distance
 - > 3
FB
 - < 3
FB

- BMI: _____
- Limited Mouth Opening
- Limited Neck Range of Motion
- Limited Jaw Mobility
- Abnormal Dentition: _____
- Previous History of Head or Neck Burns/Surgery/Radiation Therapy

Special Equipment Planned for Use: _____

Additional Equipment Needed: _____

Airway Management Challenges: (additional comments as pertinent)

- Difficult mask ventilation: _____
- Difficult Laryngoscopy: _____
- Difficult Supraglottic Airway Placement: _____
- Difficult Intubation: _____

Additional Techniques/Interventions needed to manage airway

- Surgical Airway Management: _____
- Cancellation/Rescheduling Procedure: _____

Additional Comments:

Please contact us at Comprehensive Anesthesia Services if you have any additional questions or concerns.
(256)539-9471.

Signed,

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