

PATIENT INFORMATION:

Patient Name: _____ Date of Birth: _____

Sex: Male Female Weight: _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

Has the patient had any of the following medical problems?

- | | | |
|-------------------------|----------------|--|
| Asthma | Down syndrome | High/Low blood pressure |
| Autism | Other syndrome | Irregular heartbeat |
| Cerebral Palsy | Heart murmur | Malignant Hyperthermia (patient or family history) |
| Congenital heart defect | Heart surgery | Seizure (Epilepsy) |
| Diabetes | Hemophilia | Sickle Cell Anemia |

Is patient currently under the care of any of the following specialists?

Oncologist Pulmonologist Neurologist Cardiologist Hematologist Geneticist Other: _____

If so, please explain: _____

Specialist name: _____ Phone number: _____

Pediatrician: _____ Phone number: _____

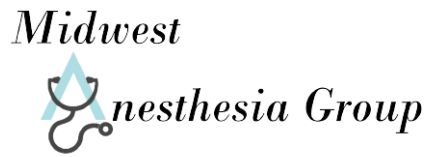
Last well child exam: _____

List any allergies: _____

List ALL current medications: _____

Any previous surgeries: _____

Any family history of complications from anesthesia? Yes No If yes, explain? _____



Agreement and Consent

The patient's safety is our primary concern. The Anesthesiologist will be present throughout the entirety of the procedure; utilizing State mandated equipment that monitors vital signs to ensure patients safety.

Serious complications are not to be expected however, there are risks that can occur during the administration of anesthesia. These include, but are not limited to:

- Bruising/pain at the IV or injection site
- Soreness/bleeding of the nose, mouth, lips or throat
- Post-operative nausea or vomiting

Extremely rare complications include anaphylaxis (severe allergic reaction), malignant hyperthermia, cardiac dysrhythmia, cardiac arrest, vomiting with aspiration, or death. These may require emergency transport and hospitalization. Common side- effects include: temporary dizziness, blurred vision, muscle fatigue, lack of coordination, impaired judgement and drowsiness.

I acknowledge the pre-operative fasting regulations and have been followed. Even small amounts of food or milk ingested prior to anesthesia may result in life threatening complications requiring hospitalization and possibly death.

I understand that Family members will not be present during the procedure. A care giver will be allowed to accompany patient to the treatment room at the start and will be brought back to be with patient during recovery.

I have had anesthetic plan, potential complications, and risk explained to me. I understand that I am financially responsible for any and all costs due to complications that require additional medical treatment. Midwest Anesthesia nor the anesthesiologist assumes any responsibility for complications resulting from the dental/surgical procedure.

I have had all my questions answered to my satisfaction and I hereby authorize an Anesthesiologist from Midwest Anesthesia Group to provide anesthesia services and any other procedure deemed necessary.

Patients name

Date of birth

Patient/ Responsible Party Signature

Date

HIPPA PRIVACY STATEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. A more detailed HIPAA policy may be found on our website:

www.Midwestanesthesiaaz.com

I understand that my information can and will be used to: conduct, plan, and direct treatment and follow-up among multiple healthcare providers who may be involved in that treatment directly or indirectly. Obtain payment from third-party payers.

Signature

Date

Informed Consent

BENEFITS: The doctors cannot completely guarantee that you or your child will receive any of these benefits, though an overwhelming majority of patients do. Only you can decide if the following benefits outweigh the inherent risks. (1) reduction or elimination of perceived pain; (2) reduction or elimination of anxiety (3) maintenance of stable vital signs; (4) complete unconsciousness during general anesthesia only; (5) reduction or elimination of gag reflex; (6) amplified quickness of completion of treatment; (7) improved quality of surgical care and (8) procedural amnesia.

Risks: it is essential to understand the associated risks before undergoing anesthesia. Though complications are extremely rare, no procedure is completely risk free. The following risks of sedation or analgesia (MAC) are well recognized, but there may also be risks not included in this list that are unforeseen by your doctor.

- You or your child may experience respiratory depression. Breathing could slow or even stop. This could require the placement of a temporary breathing tube while medication(s) wear off or possibly longer if necessary.
- You or your child may develop a decreased blood pressure requiring treatment that may consist of administering intravenous fluids or medication(s). Either of these treatments may require transfer to a nearby hospital until this condition is stabilized.
- You or your child may develop an adverse reaction at an injection or IV site or to medications that could result in bruising, tenderness, infection, bleeding, nausea, vomiting, aspiration/pneumonia, seizures, hallucinations, blurred vision, weakness, impaired judgment, prolonged drowsiness, itching, skin rash, allergic reaction, anaphylaxis, fever, cardiac arrhythmias requiring drug treatment, malignant hyperthermia, cardiac arrest, coma or even death.

In some cases, it may be prudent to administer medication(s) to counteract the effects of a sedative or narcotic pain reliever to manage side effects or complications. This may cause you or your child to be more awake during the procedure. In addition to these items, risks of local anesthesia (LA) include, but are limited to:

- Nerve damage or infection necessitating further treatment that may or may not ultimately correct the problem.
- There may be failure to achieve an adequate nerve block, which may require that the block be repeated or that deeper forms of sedation or anesthesia be needed.

In addition to the above items, risk of general anesthesia (GA) include but are not limited to:

- Damage to teeth during placement of a breathing tube
- Sore throat, hoarseness, croup or injury to the vocal cords
- Injury to facial tissues, lips, mucosa, and/or eyes
- Collapsed lung, injury to blood vessels, heart attack, stroke and even death.
- Anesthesia could fail to sedate you or your child completely causing the possibility of operative awareness.

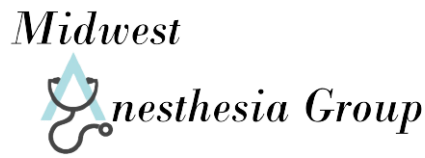
Complications: When they occur, typically are minor and managed without consequences; however, it is important to realize that serious complications are possible. The anesthesia team reserves the right to: (1) extract teeth that are mobile and deemed an aspiration risk, and/or (2) stop treatment at any time during the delivery of care. Repeated or lengthy use of sedation & general anesthetic drugs during surgeries in children under age 3 may affect the developing brain, leading to behavior or learning deficits. Sedative or anesthetic medications may cause birth defects or spontaneous abortion in pregnant patients. These drugs should be avoided in individuals that are known to be pregnant.

The **BENEFITS** of choosing general anesthesia include dental surgery without intraoperative pain or awareness and improved dental results by optimized operating conditions.

I understand that there may be **ALTERNATIVES** to in-office general anesthesia. These alternatives may include delaying or cancelling the planned surgical procedure, attempting lighter forms of sedation such as nitrous oxide, or using no sedation at all. I may also choose to have the surgical procedure completed in a hospital or surgery center. These options should be discussed with the dentist and anesthesiologist.

Patient/Responsible Part Signature

Date



Financial Policy

Anesthesia fees:

- Patients 13 years of age and under: \$750 for full service
- Patients 14 years of age and older: \$750 for first hour of services
\$175 for each additional 15 minutes

Please note that anesthesia and dental services are provided by two independent entities with separate fees.

I understand Midwest Anesthesia is only contracted with certain AHCCCS plans, if I am not covered by one of those contracted AHCCCS plans I accept full financial responsibility for payment of the proposed anesthesia services. Full payment is due and payable prior to the scheduled appointment and can be made with cash or major credit cards. Care credit can be used for payment but an additional 10% processing fee will be applied to the balance.

Checks/money orders are not accepted.

If Midwest Anesthesia is not contracted with your medical or dental insurance company, reimbursement for the anesthetic services will be provided directly to you by your insurance company once you have submitted an itemized receipt given to you by the anesthesiologist upon completion of anesthesia and only when requested. It is your responsibility to submit this to your insurance company. Please note that insurance company reimbursement allowances, if any, may not cover the entire cost of the anesthesia services.

Notice for patients covered by TRICARE (METLIFE DENTAL):

Midwest Anesthesia is not a contracted provider for TRICARE (MetLife Dental). This waiver allows a non-network (non-contracted) provider to collect billed charges for services denied as "non-covered" from a TRICARE beneficiary when the beneficiary has agreed, in advance, in writing, to waive his or her balance-billing protection.

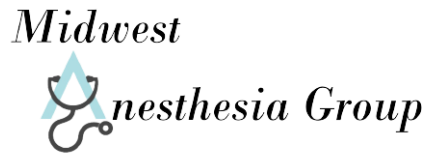
I acknowledge that I am signing this statement voluntarily, and that it is not being signed under duress or after services have been provided. I understand that by signing this form, I will be fully responsible for the total billed charge for any services denied as non-covered and listed above and will pay the provider this amount regardless of any payment or non-payment made by TRICARE. I also understand that it is my choice to have these services at a future date and time by this provider who is not a participant in the TRICARE program.

I have read, understand and agree with the above fees.

Patient Name: _____ Date of birth: _____

Responsible Party Name: _____

Responsible party signature: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

Credit Card # _____

Exp. Date: _____ Security Code: _____ Zip Code: _____

Mobile number or Email for Receipt of payment: _____

By signing below, you authorize Midwest Anesthesia to charge your credit card for anesthesia services rendered, in the amount of:

Patients 14 years of age and older \$750 for the first hour (minimum), then \$125/each additional 15 minutes or portion of thereafter.

For patients 13 years of age and younger: \$750 for full service

Total Estimated Charge: \$_____

Actual Charge: \$_____

Printed Name

Patient's Name

Signature

Date

Discharge Instructions

Activity: Patient may feel tired or sleepy for several hours and may nap on and off throughout the day. Patient should **NOT** drive; ride bikes, swim, any form of physical activity, or any activity that requires his/her full coordination for the remainder of the day. He/She can expect to resume normal activities on the day following his/her surgery.

Diet: First hour begin with giving patient mild, clear liquids (e.g. water, Gatorade, juice). Slowly introduce soft solid foods throughout the day. Avoid eating meat or dairy for the remainder of the day. The dentist may have additional dietary restrictions depending on the procedure the patient had done.

Pain/Discomfort: It is not uncommon for the patient to experience some discomfort or pain following his/her dental procedure. The anesthesiologist may have administered IV pain medications, and the dentist may have administered local anesthesia (numbing) to help deal with potential pain. These medications typically wear off after a couple of hours.

The following medications may be recommended for post-operative pain control:

- Tylenol/Acetaminophen (dose per package instructions)
 may begin immediately may begin at _____ am/pm
- Ibuprophen/Advil/Motrin (dose per package instructions)
 may begin immediately may begin at _____ am/pm

If the pain persists despite taking the recommended pain medications please contact the DENTIST

Nausea/Vomiting: Occasionally nausea and vomiting may occur following anesthesia. Anti-nausea medication was administered through the patient IV during the procedure. If the patient experiences nausea or vomiting after discharge, restrict diet to clear liquids (see above) until symptoms subside.

If patient is experiencing persistent nausea or vomiting longer than 4 hours, please contact the ANESTHESIOLOGISTS.

Fever: Patient may experience a low grade fever following anesthesia. Patient should stay indoors, and remain in a cool temperature controlled area. Seek medical attention for excessive fever (over 103)

Bleeding: Follow the dentist's instruction regarding post-operative bleeding. If bleeding persist longer than you were to expect or seems excessive contact the **DENTIST**.

A small amount of bleeding from the nose may occur if breathing tube was placed.

Medications: Patient should resume taking all prescribed medications at their next normally prescribed time with the following exceptions:

- No Exceptions
- _____

It is common for the patient to exhibit minor swelling of the face following treatment. If there are some concerning symptoms such as a rash or unexpected swelling, please contact us so we may address these issues with you.

If the patient is experiencing DIFFICULTY BREATHING, please CALL 911.

I have reviewed these discharge instructions with my anesthesiologist and/or their assistant and have had all my questions answered to my satisfaction. I will receive a copy of these instructions and provide a contact number where I may be reached for the next 24 hours.

Discharge to:

Name: _____ Relationship: _____

Signature: _____ Phone number: _____

MEDICAL CONSULTATION REQUEST

Patient Name: _____ **DOB:** _____

Our mutual patient requires dental treatment. Please review his/her medical history and comment about any recommendations or modifications for dental treatment.

Medical conditions reported by patient/parent: _____

Proposed Dental Treatment:

- In office General Anesthesia
- Tooth Restorations/Extraction(s) or surgery
- Oral Conscious Sedation
- Local Anesthetic with Epinephrine

Please send us the following medical information:

- Current H & P (within the last 12 months)
- Medical Diagnosis
- Clinical Notes

Medications that may be used during Conscious Sedation:

- Demerol
- Midazolam



I authorize Wild West Children's Dentistry to receive medical information for my child.

Parents Signature: _____

Please complete the section below:

1. Patients Medical Diagnosis: _____

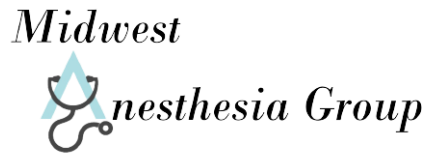
2. Is the patient healthy enough for dental treatment? YES NO

3. Is antibiotics prophylaxis necessary? YES NO

4. Additional comments _____

Physicians Name: _____ **Phone:** _____

Physicians Signature: _____ **Date:** _____



Pre-Op and Post-Op Instructions

DAY OF PROCEDURE

- Please refrain from eating or drinking at least 8 hours prior to your arrival time
PEDIATRIC PATIENTS ONLY: Children may have small amounts of clear liquids (No milk, pulp or soda) up to 4 hours prior to their appointment time. It is perfectly safe for children to fast prior to anesthesia just like adults, they just might be irritable.
- Unless your dentist/surgeon has asked you to avoid certain medications, please take all your prescribed medications on their normal schedule, including narcotics or anti-anxiety medications.
Take them with as little water as possible.
DIABETIC PATIENTS ONLY: Please do **NOT** take your regular insulin. You may take any of your oral medications. **If you have an afternoon appointment**, you may eat a liquid only breakfast 6 hours prior to arrival time.

MORNING OF PROCEDURE

- Please brush your teeth thoroughly prior to your arrival, avoid swallowing anything.
- Wear a loose fitted top, as we will need to place various monitors on chest and side, and have access to your arms for the placement of an IV catheter.
- You must have a driver with you to and from your appointment. You cannot drive for 24 hours following anesthesia. If you do not have someone to take you home, your procedure will be cancelled.

If you fail to follow these instructions, your procedure may have to be postponed or cancelled. These guidelines are for your safety.

AFTER YOUR PROCEDURE

- You may be sleepy for the rest of the day. This is normal. Please make sure someone is with you for the next 24 hours.
- You can return to a normal diet, or the diet that has been indicated by your dentist/surgeon. We recommend you start with lighter foods, so you don't become nauseated after anesthesia. Be sure to hydrate yourself well after the procedure. This will help alleviate any side effects you may experience.

If you have any questions feel free reach out to us at midwestanesthesia.az@gmail.com or you can call (518) 928-4964.