

## PRE-ANESTHESIA INSTRUCTIONS

### Eating or Drinking

It is extremely important that patients have an empty stomach. Vomiting of stomach contents during anesthesia is life threatening. For this reason, adults are not to have anything to eat or drink for eight (8) hours before their scheduled appointment. Children should not have any food or drink for six (6) hours before their scheduled appointment. A parent must supervise children on the day of the appointment. Do not leave your child unattended or send your child to school/day care on the day of surgery.

### Change in Health

Any change in health, especially the development of a cold, cough, flu or fever is extremely important information for the anesthesiologist. Please notify our office immediately if there is any change in your health or the health of your child.

### Medications

Prescription medications should be taken as scheduled, with only a sip of water, unless previously discussed with the doctor.

### Street Drugs

Literature has reported that the use of "street drugs" (marijuana, cocaine, amphetamines, etc.) mixed with an anesthetic can result in serious complications, including death. Therefore, street drugs are strictly forbidden for several weeks prior to any anesthetic.

### Clothing and Contacts

Short sleeves, loose fitting pants and comfortable shoes are advised. Do not wear makeup, nail polish, or false eyelashes. Contact lenses must be removed before anesthesia. Please leave all valuables at home. For children, bring a change of clothing and a warm blanket. If possible, have your child wear a diaper.

### Designated Driver

A responsible adult must accompany the patient to the office and remain during the procedure. You will not be allowed to leave by taxi or bus. Arrange to have a responsible adult spend the rest of the day with you. Do not plan on operating any equipment for twenty-four (24) hours after the anesthesia.

### Questions

Prior to your anesthesia, the anesthesiologist will contact you to discuss your anesthesia and answer any questions that you may have. Failure to abide by these instructions will result in cancellation of your appointment and forfeiture of your deposit.

## POST-ANESTHESIA INSTRUCTIONS

### Eating, Drinking, and Smoking

Limit oral intake to liquids for the first few hours. Begin with water and follow with sweet liquids such as sports drinks, clear juice and soda as tolerated. If teeth were extracted, do not use a straw. Food can be consumed following liquids as tolerated. Suggestions include scrambled eggs, applesauce, yogurt, mashed potatoes, and soup. If your child is not hungry, do not force him/her to eat, but encourage as much liquid as tolerated. Absolutely no alcoholic beverages and/or smoking for 24 hours following anesthesia.

### Activities

Do not drive and/or engage in moderate to high level physical activity for 24 hours or until the effects of the anesthetic have completely subsided. Judgment may also be impaired during this time, so please avoid making any major life decisions. For children, do not allow them to swim, bike, skate or play with other children until fully recovered. Place a blanket on the floor for the child to rest and observe him/her closely.

### Pain or Fever

Muscle aches and a sore throat may occur similar to the flu following anesthesia. These symptoms are very common and will usually disappear within 24 to 36 hours. Medications such as Tylenol and Advil are usually very effective and should be taken at the first sign of pain, if normally tolerated. For children, a fever of up to 101 degrees Fahrenheit may develop for the first 12 hours. Tylenol Elixir every 3 to 4 hours with plenty of liquids will tend to alleviate this condition as well as treat any post-operative discomfort.

### Seek Advice

If vomiting occurs and persists beyond 5 hours, if temperature remains elevated beyond 24 hours, or if you have other serious concerns following anesthesia, please contact: **BAY AREA MOBILE ANESTHESIA at 408-293-7780**. In the event of a serious medical emergency, please call 911.

**I HAVE READ, UNDERSTOOD, AND RECEIVED A COPY OF THE ABOVE INSTRUCTIONS:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT FOR ANESTHESIA

I understand that anesthesia services are needed so that my dental specialists are able to carry out my dental treatment plan under safe and comfortable conditions for me. I authorize and request the administration of sedation or general anesthesia by any route deemed suitable by the anesthesiologist and any other medical care and procedures he/she may find necessary.

I have been informed and understand that although rare, unexpected complications of anesthetic techniques and medications can occur, including, but not limited to pain, swelling, numbness, infection, bruising, nausea, vomiting, sore throat or nose, bleeding, allergic reaction, seizure and nerve damage. I further understand and accept the risk that complications may require hospitalization and may even result in death.

I have been fully advised of the proposed anesthetic techniques and accept the possible risks and dangers. I understand the importance of giving my health care providers a complete medical history of both past and present medical conditions including pregnancy and any medications that I am taking, both over the counter and prescription. I understand that use of present or past herbal therapies, alcohol, and any type of recreational or "street" drugs may result in serious complications and must also be disclosed. I understand that I should report all previous operations and any complications arising during previous anesthetics for my family or myself. The information I have provided preoperatively to the anesthesiologist regarding family and medical history is accurate and complete to my knowledge. I also understand that this facility is not a hospital setting with its attendant resources. I acknowledge receipt of and understand both preoperative and postoperative anesthesia instructions.

I have had the opportunity to ask questions about the anesthetic and am fully satisfied with the information that has been provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL AGREEMENT

Patient's Name: \_\_\_\_\_ Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your dentist has ESTIMATED his/her dental treatment time to be approximately: \_\_\_\_\_ hours  
Anesthesia time is the total of dental treatment time plus and additional 60 min: \_\_\_\_\_ hours total  
Total estimate due: \$ \_\_\_\_\_  
Deposit received: (\$500)  
Balance: \$ \_\_\_\_\_

### PAYMENT FOR ANESTHESIA SERVICES ARE DUE IN FULL THE DAY OF TREATMENT

I, the patient/parent/guardian, acknowledge full financial responsibility for the payment of anesthesia services. I understand that by signing this document, I am agreeing to pay **BAY AREA MOBILE ANESTHESIA** the full fee for anesthesia services on the day of services rendered. If the anesthesia time exceeds the estimate, the patient/parent/guardian will be responsible for the additional fee. If the anesthesia time is less than the estimated time, the patient/parent/guardian will be charged based on the actual anesthesia time. Payment for the anesthesia services may be made by CASH/MONEY ORDER/VISA/MASTERCARD/DISCOVER/AMEX.

### NON-REFUNDABLE DEPOSIT POLICY

Due to the fact that it takes great effort, time, and coordination between the offices of the dentist and the dental anesthesiologist to schedule your appointment, a **NON-REFUNDABLE DEPOSIT** of \$500 is required prior to your anesthesia appointment. Failure to comply with eating and/or drinking instructions will result in the cancellation of the appointment and the forfeiture of your deposit. Prior to the anesthesia appointment, the financial agreement must be signed and accompany the deposit. Deposits may be received by one of the following methods: Check, Cashier's Check, Money Order, or Credit Card (name, number, and expiration date written in the space below).

### INSURANCE INFORMATION

It is important that reimbursement for the anesthesia fee by dental or medical programs NOT be assumed. Many insurance policies DO NOT pay for anesthesia services for dentistry. Please check with your dental or medical insurance company representative as to the benefits included. I can provide you with an "Anesthesia Statement of Services Form" at the end of your appointment that you can submit to your insurance company in an attempt for reimbursement.

**I have read, agree, and received a copy of the financial agreement and deposit policy.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

**Cardholder acknowledges responsibility for payment of the non-refundable deposit and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.**

Method of Payment:      Cash                      Check                      Credit Card                      Money Order                      Other  
(Circle One)

Deposit Amount: \$ 500 (non-refundable). Deposit received by: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Paid:      \$                      Balance received by: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ Zip Code: \_\_\_\_\_

Security Code on back of Card (3 digit code) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **POST-ANESTHESIA INSTRUCTIONS**

As you go home after your surgery and anesthesia, please follow these instructions:

1. Start taking small sips of fluids, gradually increasing the amount (avoid citrus acids such as orange juice and grapefruit juice).
2. Cough and deep breathe every few hours.
3. Have an adult with you every time you get up for at least 24 hours.
4. Do not stand up all at once – sit at the edge of the bed first.
5. Do not smoke for 48-72 hours.

The ride home may make you queasy. Many times, once you lie down at home, this feeling subsides. If it persists, sometimes small sips of fluids (ice chips, 7-Up, water, juices) will help. Just remember to start off slowly and gradually increase the amounts. Once you are tolerating fluids, you are encouraged to drink large amounts of fluids (8 to 10 glasses per day) over the next few days.

Coughing and deep breathing will help keep your lungs clear and well expanded. Take 10 deep breaths followed by forceful coughs every few hours. This will help prevent and post-operative lung complications. This is especially important if you have any smoking history at all.

You may find you want to lie in bed for the first day. This is normal. However, it is important that you get up and move around from time to time (having to urinate will do this). When you get out of bed, move slowly and make sure an adult is with you. Even as you lie in bed, you should move your arms and legs every hour or two. Moving around will also help prevent post-operative complications.

Thank you for allowing BAY AREA MOBILE ANESTHESIA to provide your anesthesia care. If you have any questions regarding your anesthesia care or are concerned about your recovery, please do not hesitate to call me. It has been a pleasure to serve you.