Jeremy M Miller, DDS, MaCSD

General Dentist providing Oral Surgical Services

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We are honored to have the opportunity to provide anesthesia and surgical services for your upcoming procedure. In order for us to provide safe anesthesia care, please review the instructions included. There are some forms that will need to be completed prior to your arrival. The checklist below indicates what needs to be completed. **Bring this entire packet with you, with the checklist completed, to your appointment.** Failure to complete this list may delay, and in some instances, **cancel** your procedure. Payment for anesthesia services is required prior to your procedure. If you have any questions about any of this material, please email us at: jmiller@evsedation.com We will respond within 24 hours, so be sure to email us early enough to receive a response.

Checklist:

- ☐ Scan QR code and complete online New Patient Form prior to scheduling.
- ☐ Read the preoperative Anesthesia Instructions, NPO guidelines, and Marijuana Protocols completely.
- ☐ Fill out the pre-anesthesia health questionnaire and bring it with you the day of your procedure.
- ☐ Read the anesthesia consent form and all other consent forms. We, the surgical team, will review and sign it with you the day of your procedure.

Anesthesia fees are time based, and will vary depending on how long your case takes and how long it takes for you to properly recover.

Thank you in advance for your cooperation in completing this packet. We look forward to serving you.

Sincerely,

Dr Miller and Team

ANESTHESIA INSTRUCTIONS FOR YOUR PROCEDURE

Please follow these instructions to help us provide the safest anesthesia possible for you or your family member.

DAY BEFORE THE PROCEDURE:

- Make sure you have completed your checklist and remember to bring this packet with you.
- Please refrain from eating or drinking at least 8 hours prior to arrival time.
- 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 at least 6 hours prior to your arrival time.
- Wear comfortable, loose fitting clothing with no long sleeves, as we will have our monitors on one side and an IV on the other.

MORNING OF PROCEDURE:

- Please brush your teeth prior to your arrival, avoid swallowing anything.
- Make sure to bring your completed anesthesia packet with you.
- You must have a driver to take you to and from your appointment. You cannot drive for 24 hours following anesthesia. If you do not have an escort, your procedure will be cancelled.

If you fail to follow these instructions, your procedure will 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 4-6 hours.
- You can return to a normal diet, or the diet that is indicated by your dentist/surgeon. We recommend that 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.

We look forward to the opportunity to take care of you or your family member. We pride ourselves on excellent patient care and satisfaction. If you have any questions please reach out to me at jmiller@evsedation.com or you can call/text my cell (614)-580-8960

NPO GUIDELINES (Nothing by Mouth)

We are primarily concerned with Patient Safety. **We always recommend that the safest and best practice is to have nothing to eat or drink for 8 hours prior to procedure start time.** However, for patients who feel they cannot fast for that long, the following are guidelines for the current recommendations and will be followed with absolute vigilance. Please note: Amounts of food or liquid taken by mouth are irrelevant, and are not considered when NPO Guidelines have been broken.

8 Hours - Any solid food containing fat

6 Hours - Any solid food that is fat free. Also, any non clear liquid or liquid containing fats or acids. Examples include (Coffee with cream, Orange Juice, Smoothies, Protein Shakes)

2 Hours - Clear Liquids. Examples include (Black Coffee, Water, Gatorade)

I understand that avoiding food and liquids for 8 hours prior to my procedure is the safest way to put me to sleep.

Marijuanna and Smoking Protocols and Education

Smoking cigarettes, cigars, vaping, and marijuanna during the time leading up to your procedure have been proven to increase the risks of negative outcomes during anesthesia care. Because of the increased risks or negative outcomes during anesthesia care, we reserve the right to cancel your case on the day of service if you do not follow the guidelines below.

Cigarettes, cigars, vape - Abstain for 24 hours prior to your scheduled procedure as well as at least 4 days after to avoid “dry-socket”

Marijuanna - Abstain for 36 hours prior to your scheduled procedure

If you do not follow these guidelines you are at risk for myocardial infarction (MI)/heart attack, cardiac failure, respiratory failure, increased and excessive bleeding, and abnormal blood sugar levels. Our number one priority is your safety. We look forward to caring for you.

I have read and understand the NPO Guidelines and the Marijuanna/smoking protocols.

Patient Signature:_____

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RECOVERY COMPANION ACKNOWLEDGMENT FORM

Your safety is our number one goal. Once you leave our care we want to be sure that you are properly, and safely taken care of. This starts with us ensuring that you have an adequate companion for your post operative recovery period. An adequate recovery companion, or escort, will meet the following criteria:

1. A responsible adult over the age of 18.
2. Holds a current Driver's License.
3. Able to walk the patient to and from the car and able to help the patient to avoid any accidents or falls.
4. Able to stay with the patient for at least 4 hours following the procedure.
5. Able to verbalize comfort and care for the patient in a post-anesthesia state of being (kind of like being drunk).

If you cannot provide a companion that meets these criteria, the office can coordinate a service to provide companionship to you at your expense. If on the day of services, your companion is deemed inadequate by one the provider or team members, emergency protocols will be followed to ensure a safe companion is provided, and your account may be automatically billed accordingly.

Patient's Signature: _____

Companion's Name:_____Phone Number: _____

Companion's Signature: _____

Date:_____

Dentist Signature: _____

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CONSENT FOR SURGERY AND ANESTHESIA

Patient: _____ DOB: _____ Today's Date: _____

This is my consent for Jeremy Miller, DDS, MaCSD and/or any other Doctor working with him/her to perform the following treatment/ procedure/ surgery:

☐ Extraction(s) ☐ Implant Placement ☐ Other: _____

The doctor has explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:

1) Swelling, bruising and pain: These can occur with any surgery and vary from patient to patient and from one surgery to another.
2) Trismus: This is a limited opening of the jaws due to inflammation and/ or swelling in the muscles. This is most common with impacted tooth removal but it is possible with any surgery.
3) Infection: This is possible with any surgical procedure and may require further surgery and/ or medications.
4) Bleeding: Although significant bleeding can occur during or after surgery, it is not common. Some bleeding is, however, usual for most surgeries and is normally controlled by following the post-op instruction sheet.
5) Drug reactions: A reaction is possible from any medication given and could include nausea, rash, anaphylactic shock and/or death. It is now appreciated that antibiotics will inactivate most birth control pills. Sexually active women who take birth control pills should use another method of contraception for the remainder of the menstrual cycle if antibiotics are prescribed.
6) TMJ dysfunction: This means the jaw joint (temporomandibular joint) may not function properly and, although rare, may require treatment ranging from use of heat and rest to further surgery.
7) Reaction to local anesthetic: Certain possible risks exist that, although uncommon or rare, could include pain, swelling, bruising, infection, nerve damage, idiosyncratic or allergic reactions. In very rare and unpredictable cases the reactions to anesthesia medications can be life threatening.
8) Reaction to general anesthesia or sedation: Certain possible risks exist that, although uncommon or rare, could include hives, rashes, nausea, sweating and vomiting, pain, swelling, inflammation and/ or bruising at the injection site. Rare complications could include nerve damage to the arm, allergic or idiosyncratic drug reactions. In very rare and unpredictable cases the reactions to anesthesia medications can be life threatening.
9) Dry socket: This is significant pain in the jaw and ear due to loss of the blood clot and most commonly occurs after the removal of lower wisdom teeth, but is possible with any extraction. It occurs more frequently in patients who smoke after surgery. This may require additional office visits to treat.
10) Damage to other teeth and/or dental restorations: Due to the close proximity of the teeth, it is possible to damage other teeth and/or dental restorations when a tooth is removed.
11) Sharp ridges or bone splinters: Occasionally, after an extraction, the edge of the socket will be sharp or a bone splinter will come out through the gum. This may require another procedure to smooth the bone or remove the bone fragment.
12) Incomplete removal of tooth fragments: There are times the doctor may decide to leave a small fragment or root of a tooth in order to avoid damage to adjacent structures such as nerves, sinuses, etc., or when removal would require extensive further surgery.
13) Numbness: Due to the proximity of roots of lower teeth to the nerve, it is possible to bruise or damage the nerve with removal of a tooth. The lip, chin and/ or tongue could feel numb, tingling or have a burning sensation. This could remain for days, weeks, or very rarely, permanently.

14) Sinus involvement: Due to the location of the roots of the upper teeth to the sinus, it is possible that an opening may develop from the sinus to the mouth or that a root may be displaced into the sinus. A possible infection could develop and may require medication and/ or later surgery to correct.
15) Fracture of the jaw bone: On rare occasions, when the jaw bone has been weakened by preexisting conditions, the force required to remove a tooth may cause the bone to break. This may require further surgery to correct.
16) Stretching of the corners of the mouth with resultant cracking and bruising: This may occur due to retraction of the cheeks during surgery.

I consent to administration of such local anesthesia and/or intravenous conscious or moderate sedation as deemed necessary by the surgeon and/ or his designated assistants to accomplish the proposed procedure. Typically the effect of sedation is described as being "asleep" during the surgery or procedure. The medications used generally cause amnesia (forgetfulness) of the surgery and the surrounding events. This amnesia is temporary. The doctor and treatment team are trained in the use of anesthesia and the treatment of complications. The patient's condition during anesthesia will be monitored by the doctor, staff, and by mechanical and electronic methods. Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle, automobile or hazardous device, make important decisions, or work, while taking such medications and/or drugs; or until fully recovered from the effects. I understand and agree not to operate any vehicle or hazardous device for at least 24 hours after my release from surgery or until fully recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery. I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires anesthetic drugs.

If any unforeseen condition should arise or findings be discovered in the course of the operation, calling for the doctor’s judgement or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he may deem advisable. This includes sending tissues and/or fluids to an outside laboratory for examination, even if this had not been previously discussed.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment or worsening of my present condition despite the care provided. However, it is the doctor’s opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment. I have had an opportunity to discuss with my surgeon my past medical and health history including any serious problems and/or injuries. I certify that I have not omitted or concealed any significant facts regarding my past or present health. I agree to cooperate completely with the recommendations of the doctor while I am under his care, realizing that any lack of the same could result in a less than optimum result.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ AND FULLY UNDERSTAND THE TERMS, WORDS AND EXPLANATIONS WITHIN THE ABOVE CONSENT TO THE OPERATION PROPOSED, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Dentist Signature: _____ Date:_____

PRE-ANESTHESIA QUESTIONNAIRE

Name:_____Date of Birth:_____Sex: ❒ M ❒ F Age:_____

Date of Procedure: _____ Office Name: _____ Ht: _____ Wt: _____

Best Phone Number to Call: _____ Primary Care Doctor, if any:_____

Allergies to Medications, Supplements, or Latex: ❒No Known Drug Allergies

_____

_____

Do you currently or have you <u>ever</u> had any of the following:

<u>Cardiovascular:</u>

Yes	No	
❒	❒	High Blood Pressure
❒	❒	Peripheral Vascular Disease
❒	❒	Atrial Fibrillation
❒	❒	Heart Attack: when? _____
❒	❒	Chest pain/Angina - how often_____
		If yes, how treated _____
❒	❒	Murmur/history of Rheumatic fever
❒	❒	Pacemaker or Implanted Defibrillator
❒	❒	History of Congestive Heart Failure

<u>Respiratory:</u>

❒	❒	Asthma - last ER visit_____
❒	❒	COPD
❒	❒	Sleep Apnea/CPAP/BIPAP
❒	❒	Shortness of breath
❒	❒	Can you walk up one flight of stairs without stopping?

<u>Gastrointestinal:</u>

❒	❒	Hiatal Hernia
❒	❒	Acid Reflux (GERD)
❒	❒	Hepatitis
❒	❒	Other GI/Liver problem - _____

<u>Musculoskeletal:</u>

❒	❒	Arthritis: Rheumatoid or Osteoarthritis
❒	❒	Back or Neck pain
❒	❒	Difficulty walking

<u>Hematologic:</u>

❒	❒	HIV+
❒	❒	Sickle cell - disease or trait
❒	❒	Bleeding/easy bruising
❒	❒	Blood thinners
❒	❒	History of blood clots

<u>Genitourinary:</u>

❒	❒	Kidney Disease
❒	❒	Dialysis: Hemo/peritoneal (M T W TH F)

<u>Neurological:</u>

❒	❒	Stroke or TIA - when _____
❒	❒	Paralysis - where _____
❒	❒	Parkinson's Disease
❒	❒	Epilepsy - last seizure_____
❒	❒	Alzheimer's or Dementia
❒	❒	Restless Leg Syndrome
❒	❒	Other neurological condition

_____

<u>Endocrine:</u>

❒	❒	Thyroid: Hyper or Hypo
❒	❒	Diabetes - (circle)
		Insulin Pills Diet Controlled

<u>Females:</u>

❒	❒	Any chance you could be pregnant?
		Last Menstrual period_____
❒	❒	Tubal Ligation or Hysterectomy

<u>General:</u>

❒	❒	History of problems with Anesthesia
		If yes, what?_____
❒	❒	Do you smoke tobacco/vape?
		How often? _____
❒	❒	Do you drink Alcohol?
		How much/often _____
❒	❒	Do you use Marijanna?
		How often _____Last use_____
❒	❒	Recreational Drug use?
		Type and last use_____

Any other problems not previously mentioned?

_____

_____

Reviewed by:_____ DDS Date:_____

MEDICAL AND SURGICAL HISTORY

CURRENT MEDICATIONS ❒ **Patient does not take any medications or supplements**

Please include: Prescriptions, OTC Medications, Nutritional Supplements, Vitamins, Herbs, Birth Control Pills, Patches, etc...

Medication Name	Dose	Route	Frequency

Please include a separate sheet of paper if necessary

PAST SURGERIES ❒ **Patient has never had surgery**

Please include all surgeries regardless of age/year they occurred.

Type of Surgery	Approx. Date	Problems, if any?