SEDATION STATION®

Upward Smiles® Main Line: 1-855-944-KIDS (5437)
Sedation Station Direct Line: 636-489-3393
Fax: 1-855-944-5438

*Patient Name: _____ DOB: _____ Male / Female

*1st Contact Name: _____ Phone: _____

Relationship to Patient: _____

*2nd Contact Name: _____ Phone: _____

Relationship to Patient: _____

PROVIDER COMPLETE:

Today's Date: _____ **Urgent: YES or NO** **RX: YES or NO**

☐ ***Verified that patient is on an eligible insurance plan (NO STR8 MED)**

Height: _____ Weight: _____ - *at least 22lbs* BMI: _____ - *29.9 or under*

***List ALL Patient's active medical & dental diagnoses affecting treatment plan:**

***Dental Diagnosis (ICD-10 codes required)**: ☐ K02.3, Dental caries ☐ K04.02, Irreversible Pulpitis

***Specialty Procedure:**

☐ Endodontic Therapy and/or Permanent Crown(s) **[Additional auth must be given to front desk]**
☐ Full Mouth Debridement or SRP **[Additional auth must be given to front desk]**

***Other**: _____

***Medical Diagnosis (ICD-10 codes required):**

☐ F91.9, Uncooperative Patient ☐ F41.8, Situational Anxiety ☐ F41.9, Severe Anxiety

☐ R45.6, Combative Behavior ☐ F84.0, Autism ☐ F90.9, ADD / ADHD

☐ G47.33, Sleep Apnea ☐ J45.909, Poorly Controlled Asthma ☐ G40.909, Seizure Disorder

***ASA Physical Status Classification (See Premier's Health Guidelines for OBA)**:

☐ ASA I - A normal, healthy patient

☐ ASA II – A Patient with mild systemic disease, mild lung disease, BMI 30 or above

***DOCTOR** Signature: _____ ***ASSISTANT/HYGIENIST** Signature: _____

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IMPORTANT Facts Regarding Deep Sedation at Upward Smiles:

Today:

- Your child was referred to our Sedation Station to have their dental treatment completed under general anesthesia. Please review the information on this page regarding the process.
- This procedure must be pre-authorized by your insurance carrier, which can delay our availability to schedule your child for treatment.
- You will be given a tentative appointment date for the procedure (we will do our best to offer you sooner opportunities for appointments as they become available). No arrival time for your appointment will be given until we are closer to the appointment date.
- You will be given a sedation clearance form, which will need to be completed by your child's primary care physician. Please call their office and make arrangements to have it completed as soon as possible. **We cannot sedate your child without clearance from their physician.**

Weeks leading up to the procedure:

- We will contact you several times to verify health information and review the requirements for the day of your child's procedure.
- Premier Dental Anesthesiology will also contact you to review this information. Certain medical conditions may prevent your child from being sedated in an office setting. It is important for you to report your child's medical history to the best of your knowledge to avoid delaying the procedure.
- If we cannot reach you in the days leading up to the appointment, we will remove the appointment from our schedule.
- You will be given an arrival time for the procedure. This is the time in which you should arrive at the office, **NOT** the time your child will be brought back for treatment. Sedation days are comparable to a hospital setting, there may be a significant wait time. Plan to be here for a few hours or longer.
- Notify us immediately if your child becomes ill prior to the appointment, as that is very important information.

Day of the procedure:

- **The day of treatment, your child cannot have ANYTHING to eat or drink whatsoever after midnight the evening before or the morning of the procedure, until the operation is complete. This is for the safety of your child and is required. **NOT A SIP OF WATER OR BITE OF ANYTHING****
- We recommend that you do not schedule any other obligations the day of the appointment and bring another adult to assist you with driving and/or caring for your child on the way home.
- Our office may contact you the morning of the procedure to verify that your child has not eaten and has not developed any symptoms of illness that may prevent them from being sedated.
- The anesthesia group will administer a "kiddie cocktail" if you wish, which alleviates anxiety prior to the procedure.
- Anesthesia is started by breathing anesthetic agents through our "balloon". After a few breaths, the child is unconscious/asleep, allowing the anesthesia team to insert the IV without their knowledge. This removes any traumatic situation that some children have had with injections.
- Once sedated, our dentists will take new x-rays, perform a new examination, review your child's treatment plan, consult with you about treatment needed, and complete all necessary treatment in that one visit.
- The IV is removed before the patient is awake, and the patient is taken to the recovery room where you will be waiting.
- Every child recovers differently after general anesthesia. You may take as long as you need in our recovery room at the office. Most children resume normal activities the same day and return to school the next day.

Please CALL our office if you have ANY questions or concerns. We want you to be satisfied and comfortable with every aspect of your child's care.

PRE-OPERATIVE PHYSICAL EXAM FORM

DIRECT FAX # (636) 489-3393
EMAIL: SEDATION@UPWARDSMILES.COM

Name: _____

DOB: _____

The child must be examined and the history and physical examination must be documented within a reasonable timeframe (as determined by Upward Smiles) prior to an office-based general anesthesia procedure by a state licensed clinician.

Date of exam: _____

Surgical procedure planned: Restorative Dental Care under General Anesthesia in an Office-Based Setting

Significant medical history: _____

HISTORY

Allergies: ☐ No Drug/Contrast Allergy ☐ No Food Allergy ☐ No Product/Latex Allergy ☐ Unable to Obtain Allergy Information

Specifics: _____

	No	Yes	Comments
Current medications:	☐	☐	
Steroids past 6 months:	☐	☐	
Previous anesthesia:	☐	☐	
Recent infection/exposure:	☐	☐	
Immunizations needed:	☐	☐	
Seizures:	☐	☐	
Croup/wheezing:	☐	☐	
Bleeding tendency: Patient:	☐	☐	
Family:	☐	☐	

PHYSICAL EXAMINATION

Ht _____in Wt _____lbs Temp _____°F Pulse _____ BP_____ / _____

BMI_____

	NL	ABNL	Comments
Appearance:	☐	☐	
Skin/lymph:	☐	☐	
Head, eyes, ears, nose, throat:	☐	☐	
Teeth:	☐	☐	
Heart:	☐	☐	
Lungs:	☐	☐	
Abdominal:	☐	☐	
Genitalia:	☐	☐	
Extremity:	☐	☐	
Neurologic:	☐	☐	

Special Instructions: _____

ARE THERE ANY **CONTRAINDICATIONS** TO DENTAL CARE UNDER GENERAL ANESTHESIA: YES NO

Physician/Clinician Signature & Credentials Print Name Time Date

DTB0001