Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Adult Patient Registration

Please fill in this registration sheet COMPLETELY!

Today's Date: _____ **Pt Height**: _____ **Pt Weight**: _____ □ Kg □ lbs

Dentist's Name: _____ **Appt Date**: _____ **Appt Time**: _____ **Length**:_____

Patient's Name: _____ **Patient's DOB**: _____

Patient's Age: _____ **Patient's Sex**: *please circle* Male Female

Patient's Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Email Address: _____ **Patient's Phone Number**: _____

Patient's Contact Information: *please fill in all applicable contacts that you are giving our office permission to speak with regarding this patient's upcoming dental sedation appointment.*

Relationship to the Patient	Name	Phone Number with Area Code
Husband		
Wife		
Partner/Significant Other		
Sibling		
Child		
Guardian		
Facility		
Case Manager/Worker		
Other:		

Primary Medical Insurance: **We DO NOT file with any Dental Insurances!**

Insurance Name: _____ **Employer**: _____

Cardholder's Name: _____ **Cardholder's DOB**: _____

ID #:_____ **Group #**: _____

Secondary Medical Insurance

Insurance Name: _____ **Employer**: _____

Cardholder's Name: _____ **Cardholder's DOB**: _____

ID #:_____ **Group #**: _____

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Dental Insurance Information

Is the patient's dental insurance through BCBS of Kansas? □ Yes □ No

Medical Insurance Cards

Please submit a copy of the patient's medical insurance cards. Please include the front and back of each card and all medical insurances that the patient has.

Text: sas444@icloud.com

Email: office@sleepinsafety.com

Financial/Insurance Information

Special Anesthesia Services will contact the patient/guardian regarding sedation fees for upcoming dental procedure. Our office does require a 25% deposit that is due 3 weeks prior to the scheduled sedation procedure. Our office is able to accept all debit/credit cards (except American Express), Care Credit, or cash. Please contact our office with any questions or concerns.

Medical Clearance Requirements

Special Anesthesia Services ***requires*** medical clearance before proceeding with office based sedation. This will include the patient's Primary Care Physician (PCP) and any specialists that the patient sees. Please make sure to complete the information on the next page with all doctors and specialists that the patient sees. Our office will request the needed records and signatures from your doctors listed on the next page.

Any patient over the age of 65, will require an updated history and physical completed by the patient's PCP with new lab work and an EKG within 90 days of the procedure.

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Adult Medical History

Patient's Name: _____ **Patient's DOB**: _____

Patient's Age: _____ **Patient's Sex**: *please circle* Male Female

Pt Height: _____ **Pt Weight**: _____ □ Kg □ lbs

Name of Patient's Primary Care Physician: _____

Primary care Physician's Phone Number: _____

Does the Patient see any Specialty Doctors: *please complete if yes* □ Yes □ No

Specialist Type	Specialist Name	Phone Number/Location
Cardiologist		
Neurologist		
Pulmonologist		
Gastroenterologist		
Allergist		
Nephrologist		
Urologist		
Plastic Surgeon		
Other:		

If your answer is yes to any of the following questions, please describe in the box given.

***Is the patient being treated by a physician at this time: □ Yes □ No

*Has the patient been ill in the last 6 weeks? Please describe: □ Yes □ No

_____

*Is the patient taking any medications? Please list name and dosage: □ Yes □ No

---

*Has the patient ever been hospitalized, had surgery, or been treated □ Yes □ No

in the ER? _____

*Has the patient or family members ever had a reaction/problem with an anesthetic? □ Yes □ No

_____

*Has the patient ever had a reaction or allergy to an antibiotic, steroids, metals, acrylic, □ Yes □ No

dyes, foods, latex, or any other medication allergies? _____

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Please check the box next to all conditions that the patient currently has or has had in the past. Please describe all checked boxes in detail at the end of this form.

- □ Complications before or during birth, prematurity, or birth defects
- □ Sinusitis
- □ Chronic Tonsil/Adenoid infections
- □ Sleep Apnea
- □ Snoring/Mouth Breathing
- □ Excessive Gagging
- □ Frequent Bloody Noses
- □ Congenital Heart Defect/Disease
- □ Heart Murmur
- □ Rheumatic Fever/Heart Disease
- □ Irregular Heart Beat
- □ High Blood Pressure
- □ Shortness of breath/Chest Pain/Edema
- □ Coronary Artery Disease
- □ Cardiac Stents or Pacemaker/Defibrillator
- □ Asthma/Reactive Airway Disease
- □ Wheezing/Breathing Problems
- □ Cystic Fibrosis
- □ Frequent Coughs or Colds
- □ Pneumonia/Bronchitis
- □ Exposure to Tobacco Smoke
- □ Jaundice/Hepatitis/Liver Problems
- □ Acid Reflux (GERD)
- □ Stomach Ulcers/Intestinal Problems
- □ Constipation
- □ Lactose Intolerance
- □ Nutritional Deficiencies
- □ Dietary Restrictions
- □ Prolonged Diarrhea
- □ Unintentional Weight Loss
- □ Concerns with Weight/Eating Disorder
- □ Bladder/Kidney Problems
- □ Arthritis/Scoliosis
- □ Limited use of Arm or Legs
- □ Muscle, Bone, or Joint Issues
- □ Rash, Hives, Eczema, or Skin Issues
- □ Impaired Vision, Hearing, or Speech
- □ Developmental Disorders
- □ Learning Problems/Delays
- □ Intellectual Disability
- □ Metabolic/Genetic/Dysmorphic Conditions
- □ Cerebral Palsy/Traumatic Brain Injury
- □ Epilepsy, Seizures, or Convulsions
- □ Autism Spectrum Disorder
- □ Headaches or Migraines
- □ Fainting/Dizziness
- □ Hydrocephaly or Placement of a Shunt
- □ Implanted Devices
- □ ADD/ADHD
- □ Behavioral, emotional, communication problems/treatment
- □ Abuse or Neglect
- □ Diabetes/Hyperglycemia/Hypoglycemia
- □ Precocious Puberty
- □ Hormonal Problems
- □ Thyroid/Pituitary Disorder
- □ Anemia
- □ Sickle Cell Disease or Trait
- □ Blood Disorder
- □ Hemophilia
- □ Easily Bruising
- □ Excessive Bleeding
- □ Blood Transfusions or blood products
- □ Cancer/Tumor/Malignancy
- □ Chemotherapy/Radiation
- □ Bone Marrow or Organ Transplant
- □ Scarlet Fever/Cytomegalovirus (CMV)
- □ Mononucleosis or Tuberculosis (TB)
- □ MRSA, STD, or HIV/AIDS

- □ **No Medical History**

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Please provide details below to all boxes that were marked on the previous page.

_____

_____

_____

_____

_____

Does the patient have uncontrolled Acid Reflux? □ Yes □ No

Females age 18-55: Medications used during IV Sedation have the potential to cause birth defects in an unborn fetus. Is there any chance that the patient could be pregnant? □ Yes □ No

Does the patient smoke, vape, or use any tobacco products? □ Yes □ No

How much per week? _____

Does the patient drink alcohol? □ Yes □ No

What type and how much per week? _____

Does the patient use recreational drugs? □ Yes □ No

What type and how much per week? _____

Is there any significant maternal or paternal medical history? □ Yes □ No

_____

Is there any other significant medical history that was not included above? □ Yes □ No

_____

_____

_____

Date Completed _____

Signature of Person completing this form _____

Printed Name of Person completing this form _____

Relationship to the patient _____

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

SAS Patient Instruction Sheet

The patient will be receiving IV medications during his/her operative dental procedure. It is therefore very important that you adhere to the following instructions. If there are any questions, please do not hesitate to call for further instructions: 316-788-5939. It is essential for the patient's safety that you strictly adhere to the following policies. Failure to do so, will result in cancelled of the operative procedure and can put the patient in danger of severe lung injury or death.

1. **No food for 8 hours prior to your arrival time:**
    a. No solid food of any kind, milk, cheese, yogurt, ice cream, juice, or broth
    b. No candy, gum, mints, or vitamins
    c. No products containing protein or milk products, even if they appear clear
2. **Clear liquids are allowed up to 3 hours prior to your arrival time. Approved liquids are:**
    a. Water, Sprite/7-up/Sierra Mist or Gatorade of any color or flavor
    b. Plain Jello with NO fruit, no vegetables, and no whipped cream
    c. Black coffee (No cream or sugar added)
3. **Nothing is to go in the patient's mouth in the 3-hour window directly before the appointment.**
    a. No mints, gum, candy, vitamins, or sips of water
4. Do NOT brush your teeth on the morning of the appointment, you may swallow water or toothpaste and this will result in cancellation.
5. If the patient has an inhaler or nebulizer, please bring his/her medication on the day of the procedure
6. Dress in comfortable clothing, preferably a short sleeve shirt. Sedation can occasionally cause the patient to become relaxed enough to lose bladder control. **You may want to consider a depends or a change of clothes.**
7. Arrange for transportation form the dentist/surgeon's office to your home after the procedure.
8. After your surgery, wait until the next day before engaging in any activity which a decrease in alertness, judgement, or coordinator could cause a problem including driving.
9. After surgery, you may take pain medication as directed by the surgeon. However, avoid alcohol post-operatively for 24 hours.
10. Arrange for adult assistance for at least 12 hours after surgery

I have read the above instructions, they are clear to me, and I agree to comply:

Date Completed _____

Signature of Person completing this form _____

Printed Name of Person completing this form _____

Relationship to the patient _____

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

SAS Deposit/Insurance Form

Special Anesthesia Services requires a 25% non-refundable deposit from all patients. This deposit is due 3 weeks prior to the scheduled appointment, however, many times a patient is not scheduled 3 weeks in advance. In that case, a deposit is due as soon as possible before the scheduled appointment. Deposit amount is subtracted from the total sedation fee. Deposits are considered non-refundable in the instance of a cancellation within 5 business days, no call/no show on the morning of the appointment, and NPO violation on the morning of the appointment. If the patient is not cleared for medical reasons, the deposit will be returned.

Special Anesthesia Services is contracted with multiple medical insurance companies in the state of Kansas. All medical insurances are unique and provide different coverage for sedation procedures. Some insurances have coverage that is dependent on the remaining deductible/stop loss amounts and co-insurance percentages, while other insurance plans have no coverage at all. SAS will file to insurance companies that we are participating providers with. If SAS is filing to the patient's medical insurance, there is still a possibility of fees being due for the upcoming procedure. If SAS is non-participating provider with the patient's medical insurance, no claim will be filed and sedation fees will be due in full at the time of service.

****Special Anesthesia Services is unable to bill any dental insurances****

Estimates for sedation fees are based off of length of time from the Referring Provider's office. Sedation fees are based off of time and will increase or decrease, depending on how long the patient is sedated. Once the sedation paperwork is completed, our office will give you a call after verifying your insurance coverage, and will let you know the estimate for the upcoming procedure.

All sedation fees are due in full at the time of service, payment plans are available through Care Credit

Special Anesthesia Services is a contracted provider with Care Credit. If you are interested in more information about Care Credit, please visit their website at www.carecredit.com to apply. If you are using Care Credit for the upcoming sedation appointment, your transaction may qualify for 6 months interest free financing. Please speak with one of the office staff members at SAS for more information.

Our office is able to accept all major credit/debit cards (except American Express), Care Credit, cashier's checks, money orders, or cash. *No personal checks will be accepted.*

Special Anesthesia Services is not a party included in divorce agreements. The accompanying adult with a minor patient will be responsible for the sedation fees on the date of service.

I understand and have read the above deposit/financial information for the upcoming sedation procedure with Special Anesthesia Services.

Date Completed: _____

Signature of Person completing this form: _____

Printed Name of Person completing this form: _____

Relationship to the patient: _____

Special Anesthesia Services
727 N. Baltimore
Derby, KS 67037
Phone: 316-788-5939
Fax: 316-788-5945
Email: office@sleepinsafety.com
Website: www.sleepinsafety.com

Consent to Obtain Medical Records

A patient's medical history includes a list of past medical diagnosis, illnesses, surgeries, hospitalizations, and medications that your healthcare providers have on file for you. This includes office visit notes, lab work, EKG and Echo reports, and any other documentation from prior medical testing.

A variety of sources, including your primary care physician and specialty providers, contribute to the collection of this history. The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record.

A patient's medical history is very important in helping providers treat your symptoms and/or illness properly. It is very important that you and your provider discuss all your medical history in order to ensure that your recorded medical history is 100% accurate.

When the patient has certain medical conditions or a significant past medical history, it is necessary for SAS to obtain medical records and clearance from your physicians before providing office-based anesthesia for elective dental procedures in the office setting.

I give my permission to allow Special Anesthesia Services to obtain my complete medical history from my primary care physician, any specialty doctors, and any other healthcare providers including the VA hospitals.

Date Completed _____

Signature of Person completing this form _____

Printed Name of Person completing this form _____

Relationship to the patient _____