PATIENT INFORMATION:

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Nickname: _____ Sex: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

RESPONSIBLE PARTY:

Name of Person/Relationship: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

MEDICAL HISTORY:

Has the patient ever had any of the following medical conditions?

- ☐ Y ☐ N Allergy to Latex
- ☐ Y ☐ N Allergies to Medications (Please list below)
- ☐ Y ☐ N Asthma/Lung Problems
- ☐ Y ☐ N Heart Murmurs/Defects
- ☐ Y ☐ N Heart Surgery
- ☐ Y ☐ N Other Surgery _____
- ☐ Y ☐ N Seizure Disorder (Epilepsy)
- ☐ Y ☐ N Autism
- ☐ Y ☐ N Diabetes
- ☐ Y ☐ N Down Syndrome
- ☐ Y ☐ N Other Syndromes _____
- ☐ Y ☐ N Possibly PREGNANT (Women >10 years old)
- ☐ Y ☐ N Cerebral Palsy
- ☐ Y ☐ N Handicaps/Disabilities
- ☐ Y ☐ N Hemophilia
- ☐ Y ☐ N Tuberculosis
- ☐ Y ☐ N Mastocytosis
- ☐ Y ☐ N Tracheal Malacia
- ☐ Y ☐ N Cancer
- ☐ Y ☐ N Muscular Dystrophy
- ☐ Y ☐ N Sickle Cell Anemia
- ☐ Y ☐ N Malignant Hyperthermia (Patient or Familial History)
- ☐ Y ☐ N Mother born in Venezuela

Please discuss any medical problems that the patient has/had: _____

_____

Is this patient currently under the care of a physician? ☐ Yes ☐ No Date of Last Visit: _____

Pediatrician: _____ Phone Number: _____

Is this patient followed by a SPECIALIST? ☐ Yes ☐ No *Please indicate ALL that apply*: ☐ Cardiologist ☐ Endocrinologist

☐ Geneticist ☐ Hematologist ☐ Neurologist ☐ Oncologist ☐ Pulmonologist ☐ Other _____

Please list ALL current medications: _____

Please list ALL allergies (medicine, food, latex, etc.): _____

The information on this questionnaire is accurate to the best of my knowledge. I understand that the information will be held in the **strictest** of confidence and it is my responsibility to inform the doctors of Arizona Dental Anesthesia of any changes in the patient's medical status at the earliest possible time.

Signature of Parent or Legal Guardian: _____ Date: _____

Reviewed by: _____ Date: _____

Arizona Dental Anesthesia, LLC • 14021 N 51st Ave Ste 116 • Glendale, AZ 85306
Main (602) 820-0288 • Fax (602) 930-4965 • Info@ArizonaDA.com

Version: July 2026

Patient Name:_____

CONSENT FOR ANESTHESIA

Patient safety is of our utmost concern. Serious complications are *rare* and not to be expected. The anesthesia team will be present with the patient for the entirety of the procedure. Advanced anesthesia equipment required by the state of Arizona will be present and patient's vital signs will be monitored throughout the procedure. However, there are certain risks that are inherent to the administration of anesthesia. These include but are not limited to: bruising or tenderness at the IV or IM (shot) site, soreness of the mouth, lips, nose or throat, temporary dizziness, blurred vision, weakness, impaired judgment, post-operative drowsiness, nausea and/or vomiting. For these reasons, the patient is advised to avoid driving or making major decisions for 24 hours following anesthesia. Children undergoing anesthesia should have direct parental supervision for 24 hours following anesthesia. Extremely rare complications of general anesthesia such as anaphylaxis, malignant hyperthermia, cardiac dysrhythmias or arrest, and vomiting with aspiration could require emergency transport and hospitalization.

As in the case with normal operating room procedures, family members ***will NOT be allowed to be present during the procedure***.

I, _____, have had the risks and potential complications as well as the anesthetic plan explained to me. I understand that I am responsible for the costs of treating any potential complications that require additional medical treatment. I have had all my questions answered to my satisfaction and agree to proceed with the anesthetic. I hereby authorize an anesthesiologist from Arizona Dental Anesthesia, LLC to provide anesthesia services and any other procedure deemed necessary or advisable as a corollary to the planned anesthetic procedure. I understand the anesthesiologist assumes no liability from the dental treatment performed, and that the dentist assumes no liability from the anesthesia performed.

FEMALES: I understand that anesthesia may be harmful to the unborn child and may cause birth defects or spontaneous abortions. I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant, of a confirmed pregnancy, and/or being a nursing mother.

The patient should have nothing to eat or drink for 8 hours before the appointment (unless otherwise specified). Even small amounts of food given before anesthesia may result in serious life-threatening complications requiring emergency services and hospitalization.

Pediatric patients who attend school or daycare before their appointment WILL NOT be treated because it will be impossible to confirm that they had nothing to eat or drink.

These restrictions on food and drink are for the safety of the patient. I acknowledge the pre-operative fasting regulations and will ensure that they are followed.

Patient/Responsible Party (PRINT)	Signature	Date

HIPAA 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.

I understand that this information can and will be used to: **1)** Conduct, plan, and direct treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. **2)** Obtain payment from third-party payers.

Patient/Responsible Party (PRINT)	Signature	Date

ARIZONA DENTAL ANESTHESIA

Patient Name: _____

Date: _____ Legal Guardian: _____

Procedure(s): _____

INFORMED CONSENT FORM

☐ ***Monitored Anesthetic Care***. MAC involves the use of oral, nasal, intramuscular and/or intravenous medications during a procedure to relieve anxiety and/or pain. Though patients are conscious during MAC, memory of the procedure is distorted or limited.	☐ ***Local Anesthesia***. LA involves the localized injection of an anesthetic medication around isolated nerves to produce regional or localized numbness. This technique may or may not be used in conjunction with all levels of sedation or general anesthesia.	☐ ***General Anesthesia***. GA involves the administration of oral, nasal, intramuscular, intravenous, and/or inhalation medications resulting in complete unconsciousness and total relief from all surgical pain during the procedure.

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 a gag reflex; (6) amplified quickness for completion of treatment; (7) improved quality of surgical care; and (8.) procedural amnesia.

RISKS: It is essential to understand the associated risks before undergoing this procedure. Though complications are extremely rare, no procedure is completely free of risk. The following risks of sedation & 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 (1) may experience respiratory depression. Breathing could slow or even stop. This could require the placement of a temporary breathing tube while medication(s) wears off, or possibly longer if necessary; (2) may develop a decreased blood pressure requiring treatment that may consist of administering intravenous fluids or medication(s). Either of these treatments may require a transfer to a nearby hospital until this condition is stabilized;(3) 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*; (4) 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) includes, but is not limited to (1) nerve damage or infection necessitating further treatment that may or may not ultimately correct the problem; and (2) there may be a 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 all the above items, risks of general anesthesia (GA) include, but are not completely limited to: (1) damage to the teeth during placement of a breathing tube; (2) sore throat, hoarseness, croup or injury to the vocal cords; (3) injury to facial tissues, lips, mucosa, and/or eyes; (3) lung collapse, injury to blood vessels, heart attack, stroke and even death; lastly (4) the anesthesia could fail to sedate you or your child completely, causing the possibility of operative awareness.*

Complications: When complications occur, they are typically 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 very 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.

ALTERNATIVES: The alternatives to sedation, analgesia or anesthesia include: (1) undergoing the planned procedure without sedation, anesthesia and/or analgesia; and (2) re-evaluating the need for the planned surgical procedure(s) with your dentist. If you or your child decides not to undergo this procedure, there may also be risks associated to this decision, which should also be discussed with the dentist and/or surgical team.

The Anesthesiologist reserves the right to cancel or delay the anesthetic treatment for ANY reason that may jeopardize the safe administration of the procedure.

My signature below indicates that: (1) a representative of the anesthesia team has discussed the risks, benefits and anesthetic options and answered all associated questions; (2) I authorize and consent to the discussed anesthesia plan; (3) I understand that, despite the anticipated anesthetic plan, I am providing consent for the use of all levels of sedation/anesthesia noted above, as intraoperative changes may be required; (4) I am aware that anticipated surgical treatment(s) may change based on new intraoperative findings; (5) I am aware that sedative and general anesthetic drugs are harmful to an unborn fetus, and acknowledge that the patient is not pregnant; and (6) I am aware that repeated and/or very lengthy exposure to sedative and general anesthetic medications and gases may have negative effects on brain development in infants and toddlers.

_____ _____

Signature of Patient, Parent, Conservator or Legal Guardian (Sign and Print) *Date*

_____ _____

Signature of Anesthesiologist (Sign and Print) *Date*

_____ _____

Signature of Witness (Sign and Print) *Date*

_____ _____

Signature of Witness to Telephone Consent (Sign and Print) *Date*

_____ _____

Signature of Translator (Sign and Print) *Date*

Anesthesia Overview

ANESTHETIC OVERVIEW

Before Your Appointment

- ✓ Complete the medical history and consent form prior to your appointment. This allows our anesthesiologists to review the medical history before your appointment and prepare based on your medical history if necessary.
- ✓ Follow the pre-appointment guidelines regarding food and drink. An empty stomach minimizes the chance of vomit being inhaled into the lungs during the procedure, which could result in serious lung damage. Do not eat or drink for 8 hours before the appointment.
- ✓ Recent cough or fever? Please call the office so your anesthesiologist can review your symptoms to decide if it's best to reschedule your appointment.

Induction of Anesthesia

"Induction" is the start of anesthesia. There are several methods of starting general anesthesia. The type of induction depends on several patient factors: medical history, level of cooperation, and surgical complexity. Your anesthesiologist will choose the most appropriate method of induction.

1. ***Mask Induction with inhalational anesthesia***: This method may be selected for patients who cannot sit still for an IV placement or for patients who are afraid of needles. An anesthetic gas is delivered to the patient through a mask for approximately 1 minute and an IV is placed after the patient is asleep.
2. ***Intramuscular induction with sedative medications***: This is another method that may be selected for patients who cannot sit still for an IV placement. If selected, your anesthesiologist will inject anesthetics into the upper arm or thigh. The sedatives will take effect in about 5 minutes and an IV is placed after the patient is asleep.
3. ***Awake intravenous catheter placement and intravenous induction***: This method may be selected for cooperative patients who can sit still without restraint during an IV placement. Your anesthesiologist may also select this method for patients with certain medical conditions.

Your anesthesia team will monitor vital signs throughout the procedure and in recovery. Oxygen levels, heart rate, heart rhythm, blood pressure, ventilation, and other vitals will be monitored to create a safe and comfortable environment.

Recovery

A recovery period between 30 to 90 minutes after the procedure is normal. Temporary pink markings on the body are normal from the tape used to protect the eyes, stabilize the head, secure the breathing tube, various monitors, and the IV line. Bruising may also be present from the IV placement or blood pressure cuff. Oral and facial swelling and bruising may also be present from the dental procedures, this swelling and bruising is normal and temporary.

Confusion, weakness, tiredness, and grumpiness are all normal after waking up from anesthesia. Blurry vision, dizziness, and mouth numbness may also be experienced. These side effects will resolve with time. Once at home it is normal to nap for 2-3 hours. Please plan to have someone present even when napping in case assistance is needed for mobility or comfort. Cancel all activities for the day; stay cool and indoors for the rest of the day.

Start drinking clear liquids when you arrive at home. If the clear liquids do not cause nausea or vomiting for 30 minutes, then eating can begin with soft bland foods. Dairy products, meat, and heavy fried foods should be avoided for the first 2 hours to minimize nausea and vomiting. Nausea and vomiting may occur during the car ride home or the first few hours after arriving home. Stay hydrated with clear liquids and call your anesthesiologist if vomiting is persistent beyond two hours.

Take pain medications if needed and as directed by your anesthesiologist.

PREPARATION FOR SURGERY

The Night Before Surgery

- ✓ REMOVE NAIL POLISH.
- ✓ Have a regular meal with fluids (water) at a *reasonable* time (Before 10:00 PM unless advised otherwise by the Anesthesiologist).
- ✓ NO SNACKING AFTER DINNER.
- ✓ GET A GOOD NIGHT'S SLEEP.
- ✓ MEDICATIONS should be taken/postponed as directed by the Anesthesiologist.

The Day of Surgery

- ✓ DO NOT EAT OR DRINK ANYTHING.
- ✓ Parents of Pediatric Patients: do not send your child to school or daycare before or after the appointment.
- ✓ BRING an EXTRA set of clothes and a BLANKET
- ✓ Dress Appropriately:

YES	NO
Loose Fitting Clothes	Long-Sleeved Shirt
T-Shirt	Jeans
Short-Sleeved Shirt	Sweaters
Shorts	Leggings covering the feet
2-Piece Pajamas	Footsies
Socks	Onesies

- ✓ HAIR
  - Long hair to be tied back *low* on the head.
  - NO Braids.

- ✓ NO Jewelry (Earrings, finger rings, necklaces, bracelets, watches)
- ✓ NO Valuables

The Anesthesiologist reserves the right to cancel the scheduled surgical appointment for any reason that may jeopardize the safety of the anesthetic procedure.

QUESTIONS OR NOT SURE OF SOMETHING? CALL THE OFFICE: _____

YOUR APPOINTMENT DATE: _____

YOUR APPOINTMENT TIME: _____

I UNDERSTAND THESE INSTRUCTIONS: _____

Arizona Dental Anesthesia, LLC • 14021 N 51st Ave Ste 116 • Glendale, AZ 85306
Main (602) 820-0288 • Fax (602) 930-4965 • Info@ArizonaDA.com

Version: July 2026

PATIENT NAME: _____ **Date:** _____

POST OPERATIVE INSTRUCTIONS

*It is **common** for the patient to exhibit minor swelling of the face following treatment. If there are symptoms such as a rash, high fever, or unexpected swelling, please contact us so that we may address these issues with you.* ***If the patient is experiencing DIFFICULTY BREATHING, please CALL 911****.*

DIET
First Hour (1) – Patient may slowly begin with CLEAR liquids (water, Gatorade, apple juice, etc).
Second Hour (2) – Patient may proceed to soft bland foods.
Third Hour (3) – If patient is doing well with liquids and softs, may slowly progress to regular diet.
Avoid meat, dairy, and greasy foods. In addition, the dentist may prescribe certain dietary restrictions.

PAIN & DISCOMFORT
It is not uncommon for the patient to experience pain after his/her dental procedure. The anesthesiologist may have administered IV pain medications, and the dentist may have administered local anesthesia (numbing) to help the patient 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. **If the patient is experiencing persistent pain after taking recommended medications, please contact the DENTIST.**

☐ Tylenol/Acetaminophen (dose per package instructions)
☐ Immediately

- OR -

☐ Ibuprofen/Advil/Motrin (dose per package instructions)
☐ Immediately ☐ Begin at _____am/pm

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, please contact the ANESTHESIOLOGIST.**

EXPECTED ACTIVITY
Patient may be tired and sleepy for the next several hours, and may take several naps. The patient should NOT drive, bike, swim, sign contracts, or engage in any other activity that requires full physical and mental coordination for the rest of the day. The patient may resume normal activities on the day following his/her surgery.

FEVER
The patient may experience a low-grade fever following anesthesia. Please keep the patient well hydrated and have the patient stay indoors and remain in a cool temperature-controlled area.

MEDICATIONS
Please resume medications as prescribed unless otherwise indicated by the Anesthesiologist or Dentist.

ADDITIONAL INSTRUCTIONS: _____

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

Discharged to: _____ Relationship: _____

Signature: _____ Phone: _____

Anesthesiologist: _____ Phone: (602) 820-0288

Arizona Dental Anesthesia, LLC • 14021 N 51st Ave Ste 116 • Glendale, AZ 85306
Main (602) 820-0288 • Fax (602) 930-4965 • Info@ArizonaDA.com

Version: July 2026