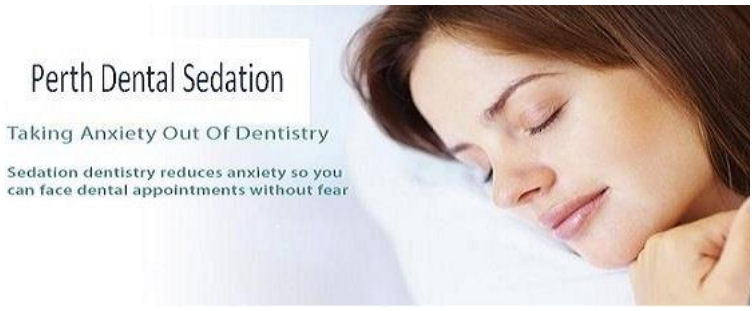
Dr Vivian Mascarenhas, Dental Sedationist
BDSc(U.W.A), B.Sc, PGrad Dip
(Sedation and Pain Control)(University of Sydney)
E: *perthdentalsedation@gmail.com*
M: *0407 181 911*
W: *www.perthdentalsedation.com*



MEDICAL HISTORY, IMPORTANT INFORMATION, INSTRUCTIONS BEFORE & AFTER IV SEDATION & CONSENT FOR INTRAVENOUS SEDATION

Must be read, completed and returned 2 weeks prior to surgery

Patient information

Your Sedation and Sedationist:

- Your sedationist is with you throughout and immediately after your procedure and is responsible for your well-being. Your sedationist also takes an active role in conjunction with your surgeon in your pain management after the operation.
- To ensure your safety, intravenous sedation in the dental practice setting should only be administered by a suitably qualified medical or dental practitioner as laid out by the requirements of the Australian Health Professionals Regulation Agency (AHPRA) and the Australian and New Zealand College of Anaesthetists (ANZCA).
- **Dr Vivian Mascarenhas** B.D. Sc *(UWA),* BSc *(UWA),* PGrad Dip Clin Dent *(Sedation and Pain Control) (Uni of Syd),* is board endorsed for sedation with **AHPRA** and has registered qualifications in Dental IV Sedation from Sydney University.
- A full and through **pre-sedation medical history** is essential for your sedationist to find out about any potential complicating factors, request further medical information and investigations from your GP/Specialist (if required) and plan the most suitable sedation for your particular situation.
- Please take the time to accurately complete the attached **Medical History Form** and **return** to Dr Mascarenhas **at least 2 weeks** prior to your procedure.
- Prior to your sedation appointment Dr Mascarenhas will contact you to discuss your medical history and the sedation process. Generally, this can be done by phone a couple of days before your procedure. However, some patients may require an appointment at the surgery if their medical requirements are complex. Please feel free to discuss any questions or concerns with Dr Mascarenhas directly on 0407181911.
- As your safety and well-being is our primary concern, on rare occasions your sedationist may decide not to proceed, or shorten your sedation time due to any medical contraindications or failure to adhere to instructions prior to sedation.

- The duration of dental treatment can be difficult to predict and as a result, all of the required treatment may not be completed in the estimated time and as a result of this the sedation time may have to be extended on the day or a further appointment may be required, in which both would incur an additional fee.

Risks and Complications

- As with any anaesthetic procedure, IV Sedation is not without risk and there is an extremely remote risk of serious medical complications. These risks however are substantially less than for a general anaesthetic. Our service is specially equipped and qualified for administering IV Sedation; and for managing sedated patients and medical emergencies.
- Where medications are placed in the vein, there may be bruising, swelling or inflammation (phlebitis), which may cause discomfort and temporarily restrict arm and hand motion. Nausea and vomiting can occasionally take place.
- Other common, but temporary minor after/ side effects and complications include drowsiness, transient amnesia, shivering, nausea and vomiting, dry sore throat and drowsiness.

Pre-Sedation Instructions

- **You must fast for 6 hours** before sedation to ensure an empty stomach. This means **strictly no food or drink** (including water, lozenges or gum) is to be taken for 6 hours before the sedation. **TO DO OTHERWISE MAY BE LIFE THREATENING**. Patients with afternoon appointments may have 200mls of **water only**, 3 hours before their appointment.
- **Please arrange a responsible adult to escort you** to the surgery on the day of sedation and be available after the surgery for post-operative instructions, and to escort you home where **they will be required to look after you for the next 12 hours**.
- You **cannot** go home by Uber, Taxi or public transport or by walking, and you cannot go home without someone who is responsible for your care for the remainder of the day.
- If you have COVID, cold, flu or respiratory symptoms, you must tell us as soon as possible as you may need to be re-appointed to another day.
- If you take **any medications,** please discuss them with Dr Mascarenhas prior to treatment. Usually, any regular medications are to be taken as **normal** with only **a small sip of water** on the morning of sedation, whereas some medications will need to be altered or skipped procedure (e.g., blood thinners, diabetic medications; you will be advised if required to do so) depending on the medical condition and the medication.
- As a precaution, please ensure to **bring all prescribed medications** with you on the day of your sedation appointment.

Initials and sign: _____

- **Do not** drink alcohol, smoke or use any recreational drugs for at least 48 hours before and after the sedation.
- Please wear warm comfortable, loose-fitting clothing to allow access to your arms and torso for an IV line and for monitoring of your heart (ECG) & blood pressure. Please wear comfortable enclosed footwear (avoid flip-flops). Remove any jewellery, makeup, nail polish (on one finger) and contact lenses. Please bring a small blanket for your use (including during summer).
- You must advise Dr Mascarenhas of any changes to your medical history, including any new pills or medications, colds/ flu's or any allergies prior to the procedure.
- If you are responsible for caring for others (children, elderly or disabled) please arrange for a responsible adult to assume responsibility and care for 24 hours.
- If you are breastfeeding, please call Dr Mascarenhas asap to discuss your instructions to minimise any disruptions to your baby.

Post-Sedation Instructions

- After the treatment, you must be escorted home by a **responsible adult** who will spend the next 12 hours with you at home and must be taken home in a private transport (Not taxis or public transport). **Your procedure will be cancelled** if you do not have a carer and transport arranged.
- You **must not** drive; operate machinery or potentially harmful equipment (including kitchen utensils) for 24 hours. Please rest reclined in your family room (not in bed) and be careful when standing quickly and walking.
- As you will have consented to the procedure and the treatment plan prior to the sedation, your payment will be processed immediately after your procedure, at/during recovery. Apart from the paperwork associated with your (prior approved) payment, we recommend that you do not sign any important documents until the next day.

Fees, Payments and Cancellations

The fees for sedation are dependent on your treatment time **plus** your recovery time (generally 15-30 min). As the sedation fees include post-operative monitoring and recovery, please account for 30 minutes more than your actual treatment time when planning your finances. Some patients may require additional drugs and/or recovery time and the fees charged may reflect this. Please see the last page for a full fee breakdown.

A non-refundable deposit may be required to book your sedation and treatment time, depending on the duration of the appointment. Sedation bookings are often lengthy and are exclusively set aside for you. For this reason, if you miss your appointment or cancel without a minimum of 48 hours' notice, you will incur a cancellation fee of $150 per 1/2 hour of booking time.

All credit card and Eftpos transactions incur a 2% fee as charged by our merchants.

Please note: All anaesthetic medications are included in the fees.

Initials and sign: _____

Should your surgeon request additional medications during your surgery to improve your wellbeing and surgical outcome (such as IV antibiotics, corticosteroids Etc), these are charged at $15 per medication. In rare circumstances emergency drugs may be used and are charged at higher varied rates.

CONSENT TO INTRAVENOUS SEDATION

If you have any questions or concerns about any of the above information, please call us prior to your appointment.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE DOCUMENT:

*"**IMPORTANT INFORMATION, INSTRUCTIONS & CONSENT FOR INTRAVENOUS SEDATION, BEFORE & AFTER IV SEDATION, FEE SCHEDULE AND BREAKDOWN**"* **Pages 1 to 8**

AND CONSENT TO INTRAVENOUS SEDATION FOR MY PROCEDURE(S). THIS CONSENT EXTENDS TO ALL SUBSEQUENT APPOINTMENTS FOR WHICH I REQUEST INTRAVENOUS SEDATION.

Patient Name: _____

Patient (or Legal Guardian) Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Initials and sign: _____

MEDICAL HISTORY QUESTIONNAIRE

DATE: **DATE OF PROCEDURE**

Name *(Last, First, M.I.):*	☐ **Male** ☐ **Female**	**Age:** **DOB:**
Address:	**Suburb:**	**Postcode:**
Phone (Mobile):	**Phone (Hm):**	**Phone (Work):**
Email:	**Your Dental Practice:**	

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE HIGHLY RELEVANT FOR YOUR SAFETY AND WILL BE KEPT STRICTLY CONFIDENTIAL. PLEASE COMPLETE THEM ALL.

Name & location of your Medical Doctor (GP) or Specialist in charge of your care:

Next of Kin: Name: **Address:** **Mob:**

Please list any current medical investigations you are having. Please specify:

MEDICAL HISTORY

	Please TICK if you have, or have **ever** had, any symptoms in the following areas and briefly explain:				
☐	Heart trouble/ Heart Attack/ Angina	☐	Shortness of Breath/chest trouble	☐	Reflux or indigestion
☐	Heart Murmur/ Prosthetic Valve	☐	Any Lung Condition _____	☐	Glaucoma
☐	Rheumatic Fever	☐	Asthma/ Bronchitis	☐	Artificial Joints
☐	Congenital Heart Disease	☐	Emphysema or lung condition	☐	Osteoporosis or Any Bone Disease
☐	Cardiac Pacemaker	☐	☐ Obstructive Sleep Apnea (OSA) ☐ Snore	☐	Bisphosphonates medications or infusions
☐	High or Low Blood Pressure	☐	Liver problems or Jaundice	☐	Epilepsy, seizures or faints
☐	Blood Thinners (Anti-coagulants)	☐	Kidney Disease	☐	Depression or Anxiety
☐	Bleeding Disorders, Excessive Bruising/ Bleeding or Anemias	☐	Thyroid Disease	☐	Mental or Psychiatric conditions
☐	Stroke, TIA or DVT	☐	Diabetes ☐ Type I ☐ Type II Do You Take Insulin ☐ Yes ☐ No	☐	**Mandatory:** Your **Height**: _____cms Your **Weight**:_____Kgs
☐	**Females** Are you Pregnant? ☐ Yes ☐ No If So, Due Date? _____ Are You Breastfeeding? ☐ Yes ☐ No	☐	Cancer, Chemotherapy or Radiotherapy Please Specify:	☐	Other Medical Conditions - Please specify:

Please List ALL MEDICATIONS you are taking (including non-prescribed herbal and over the counter medications):

Initials and sign: _____

Do you have **ANY ALLERGIES**? Including Drugs (i.e., Penicillin), foods (i.e., Eggs), or Substances (i.e., Iodine)
Have you had any pervious Operations/Anesthetics ☐ Yes ☐ No – If yes please specify type and how long ago:
Have you or a family member ever had any complications with Operations or Anesthetics? ☐ Yes ☐ No – If yes please specify
Have you taken any steroid medication in the last 2 years? ☐ Yes ☐ No – If yes please specify
Have you ever had Neck or spinal damage? (e.g., back and neck injuries or limitation of movement) ☐ Yes ☐ No – If yes please specify

HEALTH HABITS AND PERSONAL SAFETY					
Exercise	How often do you exercise in a week?				
	How many flights of stairs (each is 10 steps) can you climb before getting short of breath? _____				
Alcohol	Do you drink alcohol?			☐ Yes	☐ No
	If yes, How many standard drinks per day? How many drinks per week?				
Tobacco	Do you use tobacco?			☐ Yes	☐ No
	☐ Cigarettes – pks/day	☐ Chew - #/day	☐ Pipe - #/day	☐ Cigars - #/day	
	☐ # of years	☐ Or year quit			
Drugs	Do you, or have you used any recreational drugs e.g., Marijuana or IV drugs			☐ Yes	☐ No
	If yes please specify type:		Last used:		
Personal Safety	Do you care for others e.g., Children, Elderly, or Disabled?			☐ Yes	☐ No
	Do you have frequent falls?			☐ Yes	☐ No
	Do you have vision or hearing loss?			☐ Yes	☐ No
	Do you live alone?			☐ Yes	☐ No

Why do you want IV Sedation for your dental procedure?				
☐ High Anxiety	☐Hypersensitive Gag Reflex	☐ Pain	☐ Noise of Drill	☐ Smell of Dentist
☐ Previous Bad Experience	☐ Complex Procedure	☐ Require a lot of work	☐ Needle Phobia	☐ Other _____

Declaration:

In signing this form, I acknowledge that this represents an accurate medical history. I will advise my sedationist of any changes to my medical history in the future. I understand that all medical details will be treated with complete professional confidentiality.

Patient Signature..... Date.....

(Parent or guardian if under 18 years old)

[Office use only]

Date reviewed: Medical summary required: ☐ Yes ☐ No / Investigations required: ☐ Yes ☐ No /

Pre/post-op insts given: ☐ Yes ☐ No / Consent received: ☐ Yes ☐ No

Patient Telephone Summary:

Initials and sign: _____

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Provider No: 255601AW
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M: *0407 181 911*
W: *www.perthdentalsedation.com*

Sedation Fees and Item Number Guide

• This fee schedule is effective as of September 2022 (Please refer to the website for the current fee schedule)
•A non-refundable **$200 deposit** is required when booking
• There is a **2% CC fee** for all cards and Eftpos payments
• **Please note**: Should your surgeon request additional medications (such as IV antibiotics, corticosteroids Etc) during your surgery to improve your wellbeing and outcome, these are charged at $15 per medication. All anaesthetic medications are included in the fees.

For Bookings

Please liaise directly with your dental clinic or

Call **Dr Vivian Mascarenhas** on **0407181911**

Dental Item Numbers: You **may** qualify for **some** Health Fund Rebates (Not Medicare) depending on your fund and level of cover. - Please check with your respective funds to confirm your rebate. (Generally, rebates range between $100 to $450 but this is entirely dependent on the plan (contract) between the patient and their health fund and the sedation time). The following are the correct Dental item numbers used for dental IV sedation:

- 015 - Consultation Extended
- 916 – Travel to provide services
- 942 – Sedation Intravenous – (per 30 min or part thereof)
- 928 – IV cannulation
- 927 – Provision of medication

Please note: There is no Medicare rebate available.

Duration of Sedation and Recovery	**Total Fee**
1 Hour **(Minimum)**	$ 985
30min	$ 1320
2 Hour	$ 1595
30 min	$ 1870
3 Hour	$ 2200
30 min	$ 2530
4 Hour	$ 2860
Please Call for fees for extended times	

All-on-4 or All-on-X Complete Dental Reconstruction Surgeries:

Due to the significant complexity, uncertain duration and medication requirements of these types of procedures, the fees for these procedures are priced individually but start from $2250. Please call to discuss your fee schedule.

Please see the next page for the item number and fee breakdown

Initials and sign: _____

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Sedation Item Number and Fee Breakdown

Due to increased complexity, sedations over 4 hours, and ALL-on-4/X surgeries are priced individually based on the individual patient requirements and medical histories. Please call 0407181911 to discuss	**1 Hour (Minimum)** $985 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x2 ($360) 927 - $355
1 Hour and 30 min $1320 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x3 ($540) 927 - $510	**2 Hours** $1595 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x4 ($720) 927 - $605
2 Hours and 30 min $1870 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180(per30 min) x5 ($900) 927 - $700	**3 Hours** $2200 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x6 ($1080) 927 - $850
3 Hours and 30 min $2530 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x7 ($1260) 927 - $1000	**4 Hours** $2860 Item Code Fee 015 - $150 916 - $50 928 - $70 942 - $180 (per30 min) x8 ($1440) 927 - $1150

Initials and sign: _____