



AspenDental

Reminder for anesthesia and sedation patients

**DO NOT EAT OR DRINK 8 HOURS PRIOR TO YOUR
SCHEDULED ORAL SURGERY APPOINTMENT**

Driver must remain at office during patient surgery

(not following instructions will result in cancellation of your appointment)

Place this reminder on your refrigerator !!!



American Board of Oral
and Maxillofacial Surgery

Introducing Oral Surgeon Dr. Steven Sudbrink

Dr. Sudbrink is Board Certified and holds fellowship status in three national organizations: The American Association of Oral and Maxillofacial Surgeons, American Dental Society of Anesthesia, and the American Academy of Implant Dentistry.

After obtaining his doctorate in dental medicine from Tufts University in Boston, Dr. Sudbrink completed his surgical residency at the nationally recognized LIJMC hospital program in New York. For over twenty years, he was the managing partner of Sudbrink Oral Surgery Associates in Lancaster Pennsylvania where he performed office based and Hospital procedures.

Currently, Dr. Sudbrink serves as a valuable addition to the Aspen Group, performing advanced oral surgical procedures and anesthesia for his patients at their Orlando locations.



Visit our web site at : SUDBRINKORALSURGEON.COM.

Patient's Name _____ Date of Birth _____ Height _____ Weight _____ Date _____

Answer all questions by circling Yes (Y) or No (N)

1. Are you in good health? Y N
2. Has there been any change in your general health in the past year? Y N
3. Date of last physical exam _____
4. Are you now under a physician's care for a particular problem? Y N
5. Have you ever had any serious illnesses, operations, or hospitalizations?..... Y N
If so, describe: _____

6. DO YOU HAVE, OR HAVE YOU EVER HAD:

- A. Rheumatic Fever or Rheumatic Heart Disease Y N
- B. Congenital Heart Disease Y N
- C. Cardiovascular Disease (Heart Attack, Heart Trouble, Heart Murmur, Coronary Artery Disease, Angina, High Blood Pressure, Stroke, Palpitations, Heart Surgery, Pacemaker) Y N
- D. Lung Disease (Asthma, Emphysema, COPD, Chronic Cough, Bronchitis, Pneumonia, Tuberculosis, Shortness of Breath, Chest Pain, Severe Coughing) Y N
- E. Seizures, Convulsions, Epilepsy, Fainting or Dizziness Y N
- F. Bleeding Disorder, Anemia, Bleeding Tendency, Blood Transfusion Y N
- G. Do you bruise easily Y N
- H. Liver Disease (Jaundice, Hepatitis) Y N
- I. Kidney Disease Y N
- J. Diabetes Y N
- K. Thyroid Disease Y N
- L. Arthritis Y N
- M. Stomach Ulcers & Colitis Y N
- N. Glaucoma Y N
- O. Osteoporosis Y N
- P. Implants placed anywhere in your body (Heart Valve, Pacemaker, Hip, Knee, etc.) Y N
- Q. Radiation (x-ray) treatment for cancer Y N
- R. Clicking or popping of jaw joint, pain near ear, difficulty opening mouth, grind/clench teeth Y N
- S. Sinus or Nasal Problems Y N
- T. Any disease, drug or transplant operation that has depressed your immune system Y N

7. ARE YOU USING ANY OF THE FOLLOWING:

- A. Antibiotics Y N
- B. Anticoagulants (Blood Thinners) Y N
- C. Aspirin or drugs such as Motrin, Aleve, ibuprofen. Y N
- D. High Blood Pressure medications Y N
- E. Steroids (Cortisone, Prednisone, etc.) Y N
- F. Tranquilizers Y N
- G. Insulin or Oral Anti-Diabetic drugs Y N
- H. Digitalis, Inderal, Nitroglycerin or other heart drugs Y N

All responses are kept confidential.

- I. Are you taking or have you ever taken Bisphosphonates for osteoporosis, multiple myeloma or other cancers (e.g., Reclast, Fosamax, Actonel, Boniva, Aredia, Zometa, Prolia)? Y N
- J. Have you ever been advised not to take a medication? Y N
- K. Please list any and all medications, prescription medications, diet drugs, over-the-counter medications, herbal or holistic remedies, vitamins or minerals: _____

8. ARE YOU ALLERGEIC TO OR HAVE YOU HAD AN ADVERSE REACTION TO:

- A. Local Anesthesia (e.g., Novocain, etc.) Y N
- B. Penicillin or other antibiotics Y N
- C. Sedatives, Barbiturates Y N
- D. Aspirin or Ibuprofen Y N
- E. Codeine or other pain killers Y N
- F. Latex or Rubber products Y N
- G. Metal of any kind Y N
- H. Chemicals or jewelry (rash or sensitivity) Y N
- I. Food products Y N
- J. Please list any other allergies or reactions: _____

9. Do you smoke or chew tobacco?.....Y N
How much per day? _____
10. Is there any past history of Alcohol or Chemical Dependency or Emotional Disorder that may affect the care we provide you? Y N
11. Have you had any serious problems associated with any previous dental treatment? Y N
12. Have you or any immediate family member had any problem associated with intravenous anesthesia?Y N
13. Do you have any other disease, condition or problem not listed above that you think the doctor should know about? Y N
14. Do you wish to talk to the doctor privately about anything? Y N
15. Have you ever had a bone density scan? Y N

16. FOR WOMEN ONLY

- A. Are you Pregnant, or **is there any chance** that you may be Pregnant? Y N
- B. Are you nursing? Y N
- C. **If you are using Oral Contraceptives:** It is important that you understand that antibiotics (and some other medications) may interfere with the effectiveness of oral contraceptives. Therefore, you will need to use the mechanical forms of birth control for one complete cycle of birth control pills, after the course of antibiotics or other medication is completed. Please consult with your physician for further guidance.

Patient's Name

Date

Account Number

Aspen Dental-practices utilize Cone Beam CT 3D Dental Imaging, also referred to as 3D radiographs or X-rays, for dental treatments. This technology captures 3D images of teeth, jaws, bones, and facial structures, to help your doctor provide an accurate diagnosis and establish the dental treatment plan most appropriate for you.

The 3D image will only be used to evaluate and perform your dental treatment and will not be used to detect or diagnose any other medical conditions. However, in the event your doctor discovers something on your image they are concerned about, outside of your dental treatment, he or she may want to send it to a radiologist to be further evaluated.

My dentist is authorized to send my Cone Beam CT images to a radiologist if he or she finds it necessary for further evaluation outside of my dental treatment. If my image is sent for further evaluation, I acknowledge that my dental insurance (if applicable) will be billed, and I will be responsible for any balance due.

Print Patient Name: _____

Patient Signature or Responsible Party: _____ Date: _____

Disclosure for Insured Patients

A claim will be made to your dental insurance carrier for this service and it may affect the annual benefits remaining on your dental insurance. Please initial below to indicate that you have read and understand that this may affect your dental insurance benefit availability.

Initials : _____

Patient's Name

Date of Birth

Account Number

If you are having IV sedation:

- **DO NOT EAT OR DRINK ANYTHING IN THE SIX (6) HOURS BEFORE SURGERY.**
- Regularly scheduled medications may be taken with a sip of water.
- Have someone to drive you home, driver must remain in the office during your surgery, and minors **MUST** have a parent or legal guardian present.
- Wear comfortable clothing and a short sleeve shirt.
- Remove all nail polish and artificial nails.
- Provide a list of ALL medications with dosages.
- Contact lenses, jewelry, dentures and piercing (tongue ring, lip ring) must be removed at the time of surgery.
- If you have an illness such as a cold, sore throat, stomach, or bowel upset, please notify the office.
- Patients having anesthesia must avoid smoking or ingesting marijuana products at least 48 hours before surgery.

Pre-Operative Antibiotics. There are certain conditions that require antibiotic before surgery. This is accomplished by taking the antibiotic 1 hour before surgery. Some of these conditions may include;

- Prosthetic joint replacement within the last 2 years
- Heart Valve surgery
- A history of bacterial endocarditis
- Congenital heart defects

If You Are On Blood Thinners. We will contact your primary care doctor or the doctor prescribing these medications to gain recommendation prior to surgery. We will need recent labs (INR) if you are taking Coumadin. If you have not heard from the office about the plan for stopping medications 1 week prior to surgery please call.

Common blood thinners include: Warfarin (Coumadin), Clopidogrel (Plavix), Aspirin/dipyridamole (Aggrenox), Ticlopidine (Ticlid), Dabigatran (Pradaxa), Enoxaparin (Lovenox), Dalteparin (Fragmin), Prasugrel (Effient).

Blood Pressure Medications should continue to be taken as you normally would.

Drugs For Strengthening Bones. If you are or ever have been on any bone density medications for osteoporosis or as part of a chemotherapy regimen (multiple myeloma, breast cancer, metastatic bone cancers), you must notify your surgeon prior to ANY procedure.

Examples of these medications (i.e., bisphosphonates) include: Alendronate (Fosamax), Pamidronate (Aredia), Ibandronate (Boniva), Risedronate (Actonel), Zoledronic acid (Zometa, Reclast), Prolia (Denosumab).

If you have ever received head and neck radiation for oral (throat) cancer, you must bring a detailed treatment summary from your radiation oncologist prior to surgery.

Recreational Drugs should be avoided as they can have negative reactions with anesthesia.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ABOVE.

Patient (or Legal Guardian) Signature

Date

Print Patient (or Legal Guardian) Name

Patient's Name

Date of Birth

Account Number

*****PLEASE READ ALL INSTRUCTIONS CAREFULLY*****

Sometimes the after-effects of oral surgery are quite minimal, so not all of the instructions may apply. Common sense will often dictate what you should do. However, when in doubt, follow these guidelines.

DAY OF SURGERY

FIRST HOUR: Bite down gently but firmly on the gauze packs that have been placed over the surgical areas, making sure they remain in place. Do not change them for the first hour unless the bleeding is not controlled. The packs may be gently removed after one hour. If active bleeding persists, place enough new gauze to obtain pressure over the surgical site for another 30 minutes. The gauze may then be changed as necessary (typically every 30 to 45 minutes). It is best to moisten the gauze with tap water and loosely fluff for more comfortable positioning.

EXERCISE CARE: Do not disturb the surgical area today. Do **NOT** rinse vigorously or probe the area with any objects. You may brush your teeth gently. **PLEASE DO NOT SMOKE** for at least 48 hours, since this is very detrimental to healing and may cause a dry socket.

OOZING: Intermittent bleeding or oozing overnight is normal. Bleeding may be controlled by placing fresh gauze over the areas and biting on the gauze for 30-45 minutes at a time.

PERSISTENT BLEEDING: Bleeding should never be severe. If so, it usually means that the packs are being clenched between teeth only and are not exerting pressure on the surgical areas. Try repositioning the packs. If bleeding persists or becomes heavy, you may **substitute a tea bag** (soaked in very hot water, squeezed damp-dry and wrapped in a moist gauze) for 20 or 30 minutes. If bleeding remains uncontrolled, please call our office.

SWELLING: Swelling is often associated with oral surgery. It can be minimized by using a cold pack, ice bag or a bag of frozen vegetables (such as peas) wrapped in a towel and applied firmly to the cheek adjacent to the surgical area. This should be applied twenty minutes on and twenty minutes off during the first 24 hours after surgery. If you have been prescribed medicine for the control of swelling, be sure to take it as directed.

PAIN: Unfortunately most oral surgery is accompanied by some degree of discomfort. You will usually have a prescription for pain medication. **If you take the first pill before the anesthetic has worn off, you should be able to manage any discomfort better.** Some patients find that stronger pain medicine causes nausea, but if you precede each pain pill with a small amount of food, it will reduce the chance that nausea will occur. The effects of pain medications vary widely among individuals. If you do not achieve adequate relief at first, you may supplement each pain pill with an analgesic such as aspirin or ibuprofen. Remember that the most severe pain is usually within six hours after the local anesthetic wears off; after that your need for medicine should lessen. **If you find you are taking large amounts of pain medicine at frequent intervals, please call our office. If you anticipate needing more prescription medication for the weekend, you must call for a refill during weekday business hours.**

NAUSEA: Nausea is not uncommon after surgery. Sometimes pain medications are the cause. Nausea can be reduced by preceding each pain pill with a small amount of soft food, and taking the pill with a large volume of water. Try to keep taking clear fluids and minimize dosing of pain medications, but call us if you do not feel better. Classic Coca Cola may help with nausea.

Patient's Name

Date of Birth

Account Number

DIET: Eat any nourishing food that can be eaten with comfort. Avoid extremely hot foods. Do not use a straw for the first few days after surgery. It is sometimes advisable, but not absolutely required, to confine the first day's intake to liquids or pureed foods (soups, puddings, yogurt, milk shakes, etc.). It is best to avoid foods like nuts, sunflower seeds, popcorn, etc., which may get lodged in the socket areas. Over the next several days you may gradually progress to solid foods. It is important not to skip meals! If you take nourishment regularly you will feel better, gain strength, have less discomfort and heal faster. If you are a diabetic, maintain your normal eating habits or follow instructions given by your doctor.

SHARP EDGES: If you feel something hard or sharp edges in the surgical areas, it is likely you are feeling the bony walls which once supported the extracted teeth. Occasionally, small slivers of bone may work themselves out during the following week or so. If they cause concern or discomfort, please call the office.

INSTRUCTIONS FOR THE SECOND & THIRD DAYS

MOUTH RINSES: Keeping your mouth clean after surgery is essential. Use ¼ teaspoon of salt dissolved in an 8 ounce glass of warm water and gently rinse with portions of the solution, taking five minutes to use the entire glassful. Repeat as often as you like, but at least two or three times daily.

BRUSHING: Begin your normal oral hygiene routine as soon as possible after surgery. Soreness and swelling may not permit vigorous brushing, but please make every effort to clean your teeth within the bounds of comfort.

HOT APPLICATIONS: You may apply warm compresses to the skin over the areas of swelling (hot water bottle, hot moist towels, heating pad) for 20 minutes on and 20 minutes off to help soothe tender areas. This will also help decrease swelling and stiffness.

HEALING: Normal healing after tooth extraction should be as follows: The first two days after surgery are generally the most uncomfortable and there is usually some swelling. On the third day you should be more comfortable and, although still swollen, can usually begin a more substantial diet. **The remainder of the post-operative course should be gradual, steady improvement.** If you don't see continued improvement, please call our office. If you are given a plastic irrigating syringe, **DO NOT** use it for the first five days. Then use it daily according to the instructions until you are certain the tooth socket has closed completely and that there is no chance of any food particles lodging in the socket.

CONTACT US

It is our desire that your recovery be as smooth and pleasant as possible. Following these instructions will assist you, but if you have questions about your progress, please call the office where you had surgery.

While calling during office hours will afford a faster response to your question or concern, a 24-hour answering service is available to contact the doctor on call after hours: **888-989-3805**

PLEASE NOTE: Telephone calls for narcotic (i.e., pain killer) prescription renewals are **ONLY** accepted during office hours.

Controlled substance medications (pain medications) are very useful, but have a potential for misuse and are, therefore, closely controlled by local, state, and federal governments. They are intended to relieve pain, thus improving function. Since my Doctor is prescribing controlled substance medications to help manage my pain, I understand the potential risks and agree to the following:

- The risks of addiction and overdose associated with the controlled substance containing an opioid.
- The increased risk of addition to controlled substances to individuals suffering from mental or substance use disorders.
- The dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol or other central nervous system depressants.
- Any other information in the patient counseling information section of the labeling for controlled substances containing an opioid that I deemed necessary.
- I am responsible for the controlled substance medication prescribed to me. If my prescription is misplaced, stolen, or if "I run out early", I understand this medication **will not be replaced** regardless of the circumstances.
- Any additional refills of controlled substance medications will be made only during regular office hours (Monday – Thursday 8am – 4:30pm and Friday 8am – 3:00pm) and require an office evaluation by the Doctor. Refills will not be called into the pharmacy. Refills will not be made at night, weekends, or holidays.
- Refills are contingent upon keeping scheduled appointments and following the Doctors Oral Surgery prescription policy.
- I agree to inform my doctor about all other medications and treatments that I am receiving, including controlled substances obtained from other healthcare providers.
- I will not be involved in any activity that may be dangerous to me or someone else. Pain medications may cause reflexes and reaction time to be slowed. Such activities include using heavy equipment or motor vehicle operation.
- If I am under the care of a physician or treatment facility for prior substance abuse, I understand that I may be directed back to them for pain control. Furthermore, I authorize the Doctor to release information to them regarding my plan of treatment as well as obtain information for them to assist in my care.
- I understand that if I violate any of the above terms, my prescriptions for controlled medications may be terminated immediately. If the violation involved obtaining these medications for another individual, I may be reported to other physicians, pharmacies, and appropriate authorities.
- I further understand that if I violate this controlled substance agreement due to non-compliance of any of the above guidelines, or fail to keep scheduled appointments, failure in taking medication as prescribed, utilizing other illicit drugs, or abuse of controlled medications, I may be subject to dismissal from this facility.

Patient Name

Acct Number

Patient Signature (Or Legal guardian if patient is a minor or unable to sign)

Date

Doctor Signature

Date

Nurse Signature

Date