DAVID A GUTZMAN, DDS drgutz.com gutzmanoffice@gmail.com

DENTAL ANESTHESIOLOGY PO BOX 1058 Draper, UT 84020 801-571-5665

*Complete and sign this paperwork, then click “SUBMIT FORM”, or send in an email.

Patient _____ Birthdate _____-_____-_____
Referring Dentist _____

Patient/ Parent/ Spouse/ Guardian

Name _____
Street Address _____
City _____ State _____ Zip _____ Phone # _____
Employer _____ Work Phone # _____
Birthdate _____-_____-_____ Relationship to Patient _____
Emergency Contact (closest relative not living with you):
Name _____ Phone # _____

MEDICAID PATIENTS

Medicaid ID # _____
We will bill Medicaid for the anesthesia fees. **If you cancel your appointment less than 48 hours before your appointment, or you do not show up for your appointment, you will be charged a $100 fee.**

SELF-PAY/ PRIVATE INSURANCE PATIENTS

We require a $100 non-refundable deposit to schedule your anesthesia appointment. The deposit is applied to the anesthesia fee on the day of service. THE REMAINING BALANCE IS DUE THE DAY OF SERVICE. Payment can be made with cash or credit card. Checks are not accepted. We accept Care Credit. Care Credit offers no interest payment plans, available upon approved credit. Apply at CareCredit.com.

INSURANCE INFO: If you have dental insurance, we will provide you with a dental claim form on the day of service. Submit it to your insurance company. Any reimbursement will go directly to you.

Your signature below indicates that you understand, agree with, and give permission to the above policies, and that you have answered all the information contained herein truthfully.

Signature_____ Date _____
patient/ parent/ spouse/ guardian

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Patient's Name _____ ☐ Male ☐ Female Weight _____ Height _____

***Answer each of the following (this information is confidential):**

☐ Yes ☐ No Are you under the care of a physician? If yes, for what? _____

☐ Yes ☐ No Are you currently taking any medications? If yes, list them here: _____

_____

☐ Yes ☐ No Do you have any drug allergies/ sensitivities? If yes, list them here: _____

_____

☐ Yes ☐ No Have you been hospitalized in the past 5 years? If yes, for what? _____

☐ Yes ☐ No Have you had anesthesia for surgery? Please list ALL past surgeries: _____

_____

***Check any of the following conditions that you have had in the past or now have:**

☐ Heart Problems	☐ GLP-1 Agonists	☐ Asthma	☐ Autism
☐ Snoring	☐ High Blood Pressure	☐ Reflux (GERD)	☐ Smoking/ Vaping
☐ Anxiety	☐ Artificial Joints	☐ Chest Pains	☐ Ulcers
☐ Emphysema	☐ Depression	☐ Blood Clots	☐ Arthritis
☐ Cancer	☐ Seizures	☐ Heart Murmur	☐ Anemia
☐ Stroke	☐ Bipolar Disorder	☐ Kidney Disease	☐ ADHD/ ADD
☐ HIV/ AIDS	☐ Medical Marijuana/ THC	☐ Fainting/ Dizziness	☐ Fibromyalgia
☐ Glaucoma	☐ Sleep Apnea/ OSA/ CPAP		

☐ Yes ☐ No Do you have any mental or physical disabilities? If yes, list them: _____

☐ Yes ☐ No Do you wear contacts? If yes, do you take naps or sleep with them in? ☐ Yes ☐ No

☐ Yes ☐ No Are you very anxious/nervous about dental treatment?

WOMEN: Are you pregnant? ☐ Yes ☐ No Are you nursing? ☐ Yes ☐ No

SIGNATURE _____ Date _____ SIGNATURE _____ Date_____
patient/parent/spouse/guardian Dentist Anesthesiologist

CONSENT FOR ANESTHESIA

I hereby consent to, and request David A Gutzman, DDS to perform the anesthesia technique explained to me, and any other procedure deemed necessary, or advisable relative to the planned anesthesia. It is the understanding of the undersigned that Dr. Gutzman will have full charge of the administration, and maintenance of the anesthesia, and that this is an independent function from the surgery (dentistry). Anesthesia provided will either be intramuscular (IM), and /or intravenously, orally (premedication), or local anesthesia, and by inhalation (nasally- nitrous oxide and oxygen). Dr. Gutzman practices dental anesthesiology with a deep sedation & general anesthesia permit issued by the State of Utah. Monitoring during the anesthetic will include automatic blood pressure cuff, ECG (heart), pulse oximeter (blood oxygen levels), capnography (CO_2 levels), temperature, precordial stethoscope, and observation. I have been informed and understand that occasionally complications of the drugs and anesthesia occur, including, but not limited to: tenderness, bruising, nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. Some of these complications may require hospitalization and may even result in death. **Severe complications are very rare.**
Women: I understand that anesthetics, medications, and drugs may be harmful to the unborn child, and may cause birth defector spontaneous abortion (miscarriage), and I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy.
I have had an opportunity to ask questions relative to my specific treatment, and had them answered to my satisfaction. I UNDERSTAND FOR THE SAFETY AND PROTECTION OF THE PATIENT THAT NO FAMILY OR FRIENDS ARE ALLOWED IN THE OPERATORY DURING THE PERIOPERATIVE PERIOD OR DURING THE SURGERY. I understand that this is not a release of liability form, but a consent to receive anesthesia, understanding that there are risks involved. I acknowledge the receipt of and understand both the preoperative and postoperative anesthesia instructions.

SIGNATURE _____ Date _____ SIGNATURE _____ Date_____
patient/parent/spouse/guardian Dentist Anesthesiologist

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Instructions For Patients Prior To Anesthesia

Eating and Drinking:	MORNING APPOINTMENT- No food or drink after midnight. If your appointment is 10 am or later you may have clear liquids up until 2 hours before the appointment time. AFTERNOON APPOINTMENT- A light breakfast is fine. **NO** protein (no eggs, bacon, meats, drinks), and you must be FINISHED eating 6 hours before appointment time. **CLEAR** liquids are fine **up until** 2 hours before appointment time.
Medications:	Discuss with Dr. Gutzman which of your medications are ok to take the day of your appointment.
Change of Health:	A change in health (getting sick) can affect the anesthesia. **Please call us as soon as possible to evaluate.**
Clothing:	Wear comfortable, loose-fitting clothes. Please wear a **short sleeve top**.
Arriving:	A responsible adult must drive you to the appointment.

Instructions For Patients Following Anesthesia

Returning Home:	The patient must be accompanied by a responsible adult at the time of discharge. **Postoperatively the patient cannot drive, take a bus, taxi, or Uber home.**
Pain:	Sensitivity, tenderness, or pain in the mouth can be expected after the treatment. Your dentist will prescribe any needed pain meds. Tenderness or bruising at the IM/IV site is possible, and if uncomfortable can be treated with applying warm moist heat to the site, and taking Ibuprofen. Always take pain meds with food in the stomach.
Eating and Drinking:	Eating and drinking may be attempted whenever the patient desires (asks for). Start out easy with small amounts of clear liquids, and then soft foods when ready. No alcohol/ drugs for 24 hours after anesthesia.
Nausea and Vomiting:	This can occur postoperatively. The most common cause is movement while the patient is still dizzy (like motion sickness). Limit the patient's movement until the dizziness is gone. Eating too much or too soon can upset the stomach. Swallowing blood and taking pain pills on an empty stomach will cause nausea/vomiting.
Activity:	Patient upon returning home should rest, with head propped up, and attended by someone responsible. Remove any gauze packs.

IF YOU HAVE ANY CONCERNS, CALL DR GUTZMAN 801 571-5665