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Amos Yang, MD, MDiv
Anesthesiologist

P.O. Box 701074
San Jose, CA 95170-1074



I warmly welcome you as my patient! I look forward to meeting you. My mission is to make your dental procedure as safe and pleasant as possible.

Included in this packet are several forms that must be completed and returned to me prior to your appointment. Once I have received these forms, I will contact you by phone for a personal interview and to answer any questions you may have. If you have any questions, feel free to contact me at the above phone number or email address.

The forms included in this packet include:

1. Medical history form (two pages)
2. Consent for anesthesia
3. Financial agreement for anesthesia services
4. Pre- and post-anesthesia instructions (two copies; one for you to keep; one to return)

I look forward to speaking with you in the near future.

Sincerely,

Amos Yang, MD, MDiv
Anesthesiologist

When you have completed the forms, please return them with your deposit of \$500.00 to the dental office or mail them to the following address:

Amos Yang, MD
P.O. Box 701074
San Jose, CA 95170-1074

The deposit can be in the form of money order, cashier's check, or credit card. If you are paying by credit card, please fill out the relevant information on the financial agreement sheet. The deposit will be charged prior to your scheduled appointment.

(If the patient does not show up for the scheduled appointment without providing at least 48 hours notice of cancelation, or if the patient does not follow the pre-anesthesia instructions related to eating and drinking, the deposit will be forfeited to Dr. Yang, and an additional deposit will be charged for the next scheduled appointment.)

Medical History Form

Date: ___/___/___ Home phone: _____ Cell phone: _____

Name: _____ Date of birth: ___/___/___ Sex: M / F
(Last) (First)

Address: _____
(Number and street) (City) (State) (Zip code)

Height: _____ Weight: _____ lbs / kg Marital status: Single / Married
(Circle one)

Occupation (if adult): _____ Social security number: _____

Name of physician: _____ Physician's phone number: _____

If patient is a minor (below 18 years of age):

Parent's name: _____ Father / Mother / Guardian
(Last) (First) (Circle one)

Parent's occupation: _____ Business phone: _____

Name of spouse: _____ Business phone: _____
(Last) (First)

Email address of person financially responsible: _____

List any surgeries you have previously received:

List all medications you are currently taking (including over-the-counter medications, vitamins, etc.):

List any allergies you have to medications or foods:

Please carefully review and fill out the back of this form at this time.

Are you in good health?	Yes	No
Has there been any change in your general health within the last year?	Yes	No
Are you now under the care of a physician?	Yes	No
If so, what conditions are being treated? _____		
Have you had any serious illness, operation, or been hospitalized in the past 5 years?	Yes	No
If so, what was the illness or problem? _____		
Do you have or have you had any of the following diseases or problems?		
Stroke or other blood vessels problems?	Yes	No
Damaged or artificial heart valves, heart murmur, or heart problems you were born with?	Yes	No
High blood pressure, heart attack, or other heart problems?	Yes	No
Are you short of breath after mild exercise or when lying down?	Yes	No
Swollen ankles?	Yes	No
Irregular heartbeat?	Yes	No
Fainting spells?	Yes	No
Low blood pressure?	Yes	No
Asthma, bronchitis, pneumonia, emphysema, tuberculosis?.....	Yes	No
Chronic cough?	Yes	No
Sinus trouble, hay fever, seasonal allergies?	Yes	No
Thyroid problems?	Yes	No
Diabetes?	Yes	No
Bleeding problems?	Yes	No
Blood disorders (e.g. anemia, leukemia, etc.)	Yes	No
Cancer?	Yes	No
Recent unintentional weight loss	Yes	No
Hepatitis or other liver disease?	Yes	No
AIDS or HIV?	Yes	No
Problems of the immune system?	Yes	No
Seizures or other neurological problems?	Yes	No
Arthritis or painful joints?	Yes	No
Stomach ulcers or heartburn?	Yes	No
Kidney problems?	Yes	No
Sexually transmitted disease?	Yes	No
Persistently swollen glands?	Yes	No
Psychiatric problems (e.g depression, schizophrenia, bipolar disorder, anxiety disorder, etc.)	Yes	No
Problems with mental health (e.g. autism, cerebral palsy, developmental delay, mental retardation, etc.)	Yes	No
Problems with anesthesia in the past?	Yes	No
Has your doctor ever told you to take antibiotics prior to dental therapy for a medical condition?	Yes	No
Do you currently have a cold or the flu?	Yes	No
Do you smoke?	Yes	No
If yes, how many packs per day? _____ For how many years? _____		
How much alcohol do you drink in a typical week?	Yes	No
Are you taking any recreational drugs (marijuana, cocaine, ecstasy, etc.)?	Yes	No
If so, when was the last time? _____		
Do you wear contact lenses?	Yes	No
If so, please be sure to not wear contact lenses when you come for your procedure.		
Have you or any genetically-related family members ever experienced a poor reaction to anesthesia?.....	Yes	No

For women:

- Are you now or is there any possibility you could be pregnant?
- Are you nursing?
- Do you have any problems with your menstrual period?
- Are you taking any birth control pills?

Please list out any other medical problems you have that are not addressed above.

I understand that withholding any information about my health could seriously jeopardize my safety. Therefore I have reviewed this health history carefully and have answered all questions truthfully to the best of my knowledge.

(Signature of patient; if patient is a minor, then of parent or guardian)

(Date)

Informed Consent for Anesthesia

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive but to enable them to be better informed concerning the treatment.

I hereby request and authorize Dr. Amos Yang to perform on me anesthesia and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of anesthetics by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. I understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the surgery/dentistry.

The most frequent side effects of anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy following their surgery for the remainder of the day. As a result, coordination and judgment maybe impaired for as long as 24 hours. It is recommended that adults refrain from activities that involve coordination and judgment such as driving, operating heavy machinery, or signing any contracts. Children should remain in the presence of a responsible adult during this period. Nausea and possible vomiting following anesthesia will occur in 10-15% of patients. Phlebitis is a raised, tender, hardened inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat. However, tenderness and a hard lump maybe present for up to one year.

I have been informed and understand that there are rarer complications of anesthesia including (but not limited to) pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack, and death. I further understand and accept that such complications may require hospitalizations. I have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia may vary. Of these three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest. However, local anesthesia sometimes is not appropriate for a patient or a procedure.

I understand that anesthetics, medications, and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of the possibility of being pregnant or of a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason I understand that I must inform the anesthesiologist if I am a nursing mother.

Since medications, anesthetics, and prescriptions may cause drowsiness or a lack of coordination that can be increased by the use of alcohol or other drugs, I have been advised not to operate any vehicle or hazardous device for at least 24 hours or longer until fully recovered from the effects of the anesthetic and medications that have been administered to me or my child. I have been advised of the necessity of direct parental supervision for 24 hours of any child following his/her anesthesia.

I have been fully advised and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks, side effects, and dangers of anesthesia. I have received the preoperative and postoperative anesthesia instructions and understand them. I also understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about the anesthesia, and I am satisfied with the information provided to me. I also understand that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dentistry performed while under anesthesia, and the dentist assumes no liability from the anesthesia services performed.

I have read, understood, and received a copy of the consent prior to my appointment.

(Signature of patient or legal guardian of patient) (Print name) (Date)

Amos Yang, MD
Anesthesiologist

Financial Agreement for Anesthesia Services

Patient name: _____ Appointment date: _____

Your dentist has estimated his/her treatment time to be: 3.5 hours

Anesthesia time is approximately treatment time plus 30 minutes: 4 hours

Anesthesia fees are: \$1000 for the first 90 minutes, and \$200 for each 15 minutes thereafter. \$500 nonrefundable deposit applied towards final fee.

The minimum anesthesia time that will be charged is 90 minutes. The above fee schedule applies for children under the age of 11 years. If the patient is 11 years or older or weighs over 100 pounds, and additional \$300 is added to the total fee. The total fee includes preoperative set up and post operative recovery time.

Total anesthesia fee estimate: \$ 3,000

Less preoperative payment (deposit): \$ 500

Total due on the day of surgery: \$ 2,500

Accepted forms of payment include cash, cashier's check, Visa, Mastercard, Discover, and American Express. No personal or business checks will be accepted.

Credit card number: _____ Type: _____

Expiration date: _____ Three digit code: _____

Payments for anesthesia services are due the day of treatment. Special arrangements for payment other than payment in full the day of surgery must be made prior to the day of surgery. If the anesthesia time exceeds the estimated time, the patient will be responsible for the additional fee. If the anesthesia time is less than the estimated time, the patient will receive a prorated refund.

The anesthesia fee estimate is based on the dentist's estimated operating time. The actual fee will vary with the surgical complexity, anesthesia preparatory time, and the patient's individual response to the anesthetic agents used. To help avoid additional charges, please be sure that transportation for the patient is confirmed and reliable.

If the patient does not show up for the appointment as scheduled without giving more than 48 hours notice of cancellation, or if the patient does not follow the pre-anesthesia instructions, especially those pertaining to eating and drinking, the patient will forfeit his/her deposit to Dr. Yang and will be charged an additional fee as deposit for their next scheduled appointment. If a patient for any reason decides to cancel the procedure and provides more than 48 hours notice of cancellation, the deposit will be refunded minus a 5% service fee.

It is important that reimbursement for the anesthesia fee by dental or medical insurance programs not be assumed. Many insurance policies do not pay for anesthesia services for dentistry. Please check with your medical or dental insurance company representative regarding this. I will fill out any insurance forms that you must send to your insurance company for payment of services. However, you must pay for the anesthesia services on or before the day of treatment and then receive any covered benefits by your insurance afterwards.

(Signature of patient or legal guardian of patient)

(Date)

Instructions for Patient Prior to Anesthesia

For your safety, all of these instructions must be strictly adhered to before commencing with the anesthesia. Neglecting any of the following may compel the doctor to cancel the start of treatment, and a charge may be incurred.

Eating and drinking: This is **extremely** important! **DO NOT EAT ANYTHING FOR EIGHT (8) HOURS BEFORE YOUR APPOINTMENT, AND DO NOT DRINK ANYTHING FOR SIX (6) HOURS PRIOR TO YOUR APPOINTMENT.** Otherwise the risk of **DEATH** (死亡) under anesthesia increases greatly!

Medications: Medications normally taken shall be taken unless otherwise agreed upon with Dr. Yang. These medications may be taken only with a small sip of water. Antibiotic pre-medications should always be taken when prescribed and at most one hour before arriving. Please inform Dr. Yang of any change in your medications.

Clothing and makeup: Wear short sleeves, flat shoes, and warm comfortable pants. Contact lenses must not be worn to the office. Remove all nail polish, makeup, perfume, powders, lotions, oils, and jewelry before arriving. Leave all valuables at home or with the driver.

Driver: A responsible adult must drive you, escort you into the office, and remain during the entire procedure.

Change in health: A change in health, especially the development of a cold or fever, must be mentioned to Dr. Yang prior to the commencement of anesthesia. For your safety, your appointment may be changed to another day.

Recreational drugs: The use of recreational drugs (e.g. marijuana, cocaine, heroin, speed, ecstasy, etc.) is strictly forbidden for several weeks prior to the administration of any anesthetics and until full recovery is achieved. This is for your safety. There shall be no smoking for 12 hours prior to surgery.

Instructions for Patient After Anesthesia

After returning home, the patient should plan on resting for the rest of the day and be carefully supervised by an adult.

Getting home: A responsible adult must accompany the patient, and arrangements must be made to contact a responsible adult at the time of discharge. Do not plan to drive a vehicle or operate potentially dangerous equipment for 24 hours after your treatment. You will not be allowed to leave by bus or taxi. A responsible adult must be with the patient until the next day. Nursing services are available for these duties at your expense. State law requires that children under the age of four ride in a car seat.

Pain: Muscle aches and a sore throat may occur similar to that of the flu. This is nothing to be alarmed about and is very common after general anesthesia and will normally resolve within 24 to 48 hours. Do not take narcotic pain medications unless you feel pain. Otherwise you may experience sedation and additional difficulty breathing. Non-narcotic pain medications such as aspirin, Motrin or Advil (ibuprofen), and Tylenol (acetaminophen) do not sedate you and are acceptable if you can tolerate them.

Eating, drinking, and smoking: Your first drink after anesthesia should be plain water. Sweet drinks (e.g. fruit juice or Gatorade) can be taken next. Soft and non-spicy food can be taken when desired. No alcoholic beverages and no smoking for 24 hours. Be aware that pain medications taken on an empty stomach can cause nausea and/or vomiting.

Special Instructions Regarding Children

Temperature elevation: After anesthesia a child's temperature may become elevated to 101°F for the first 24 hours. Children's Tylenol taken every 4 to 6 hours and the intake of fluids can alleviate this condition. Temperatures above 101°F should be reported to Dr. Yang at 626-272-7120 immediately.

Nausea and vomiting: Nausea and vomiting are the most common side effects of sedation and/or general anesthesia. It is very important to maintain fluid intake so that your child does not become dehydrated.

Seek advice if vomiting persists beyond four (4) hours, if temperature is above 101°F, or if other matters cause concern.

I have read, understood, and agree to follow the above instructions.

(Signature of patient or legal guardian)

(Date)