



*Dental Surgical
Center of Medina, Inc*

Patient Referral

Patient Name: _____ DOB: _____

Male / Female / other (**CIRCLE ONE**)

Address: _____ City: _____ Zip: _____

Primary Contact: _____ Phone Number: _____

Secondary Contact: _____ Phone Number: _____

LEGAL GUARDIAN: _____

RELATIONSHIP TO THE PATIENT: _____

EMAIL: _____

Medical Insurance Information

Medical Insurance Co. _____ Ph. # _____

Subscriber: _____ DOB: _____

Mem. ID # _____

Procedure been approved: No Yes

Approval Case Number: _____

Dental Surgery

Date of Surgery: _____

Dentist(s): _____

Diagnosis Codes: _____

Length of Case (Include ½ hr. for intubation / extubation):

1 hr. 1 ½ hr. 2 hr. 2 ½ hr. Other: _____

Does the patient have any special needs such as: *Autism, Downs Syndrome, etc.?*



GENERAL ANESTHESIA FOR DENTAL SURGERY:

General anesthesia is a way of giving medicine so the person is “asleep” and doesn’t feel anything, not even pain. Usually, a gas is inhaled through a mask, but sometimes it is given by an IV (intravenous) or with syringe. Anesthesiologist use this way of giving medicine when surgeons operate so patients don’t feel any pain or remember what happened during the surgery. Sometimes we suggest that children have general anesthesia to have dental work done (see “When is general Anesthesia needed”).

WHEN IS GENERAL ANESTHESIA NEEDED?

We follow national guidelines for choosing the children who would best be treated under general anesthesia. The reasons may include any of the following:

- Child is too young to understand or cooperate for dental care (usually age 4 or less).
- Disability or physical, emotional, or mental delay.
- Other major medical problems.
- A large number of cavities in the teeth or the cavities are in a pattern that makes it hard for the child to handle routine dental care.
- A child who is very fearful of medical or dental treatment and sedation medicine is not enough to help him or her get over the fears.
- A child whose home is far away and needs lots of dental care.

WHAT ARE THE RISKS?

- These are some risks of general anesthesia, especially when the child is not otherwise healthy. Common complications include: sore throat, agitation (acting restless) when waking up, and bruising at the IV site. Rare complications include temporary or permanent brain damage, and even death. However, general anesthesia is extremely safe when on a healthy child. The anesthesiologist will discuss the risks and answer your questions before surgery.

FINANCES:

We will talk with you about ways to pay for the general anesthesia if it is needed. The cost varies, and is **separate from the cost of the dentistry.**

Appointment

Child's Name: _____

Date: _____

Take your child to:

Dental Surgical Center of Medina, Inc.

3613 Reserve Commons Dr.

Medina, OH 44256

PLEASE BE ON TIME.

These dental surgery appointments are in very high demand. If you cannot keep the appointment, we require a 48 hour notice.

Failure to give this notice may mean your child will not be scheduled again for general anesthesia in the future.

Thank you for your understanding and cooperation.

THE WEEK BEFORE DENTAL SURGERY:

The nurse who works with the anesthesia doctor will call you 1 to 3 days before surgery to tell you the exact time to be here. At that time it is **very important to tell the nurse if your child is taking any medicines or has been sick recently.**

Please keep the whole day open on the appointment date. Arrange for someone to care for other children in the family. Ask another responsible person to come with you so that you can care for your child on drive home after dental surgery.

THE DAY OF THE DENTAL SURGERY:

It is VERY IMPORTANT that your child does not eat or drink anything after midnight the night before the appointment. He or she should not have a large meal after 9:00pm either. Your child should not take any medicine unless given approval by the doctor.

- Your child should not wear contact lenses, cosmetics, or fingernail polish. He or she should wear loose-fitting clothing with short sleeves. Also, please bring a complete change of clothing for your child, just in case of accidents.
- When you arrive at the Dental Surgical Center to complete paperwork, please remember that no food or drink is allowed in the reception area out of respect for our fasting patients.
- When it is time, you and your child will be taken to a consultation room to talk with the Anesthesiologist and your Dentist.
- When your child is taken into the Operating Room, one parent or guardian may go with the child and stay until the child is asleep. Parents or guardians may then wait in the reception area.
- **A PARENT OR LEGAL GUARDIAN MUST BE PRESENT FOR THE START OF ANESTHESIA AND STAY IN THE RECEPTION AREA THE WHOLE TIME.**
- You will need to bring one other responsible adult the day of surgery to keep an eye on the child while the other adult drives home. Please make sure someone is available to take care of your child at home the rest of the day after the dental treatment.
- Your child will sit on a bed and the anesthesia medicine will usually be given through a face mask. It usually takes 10 to 45 seconds for the child to fall asleep. Various vital sign monitors will be put on. After your child is asleep, an IV will be started so we can give other medicines that help anesthesia work. A breathing tube will be put in, usually through the nose and the doctor will carefully control your child's breathing. The dentistry is then done. When it's over you will be there when your child wakes up. The doctors or nurses will let you know when your child is ready to be taken home.

These instructions are designed for your child's comfort and protection. A failure to follow any of these instructions may require us to cancel your appointment that day. Should any circumstance develop that would require the postponement of your dental surgery, please notify us at (330) 952-1737.



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We require you to have a pre-surgical physical completed prior to surgery. A history and physical (H&P) is to be completed within 30 days prior to your scheduled appointment. H&P's provide information for our anesthesiologist that ensures the safety of the general anesthesia and dental surgical procedure. The H&P must be presented to the Dental Surgical Center of Medina at least 7 days prior to your scheduled appointment or we will reschedule.

The below H&P form should be filled out by the doctor and faxed back to us that same day.

Please try to obtain a copy of the H&P prior to leaving the doctor's office in the event we do not receive it directly from them.

The surgical coordinator will call you 1-3 days prior to your scheduled appointment to go over pre-op instructions and arrival time.

If you have any questions please do not hesitate to contact our office.

Thank you,

Dental Surgical Center of Medina

3613 Reserve Commons Drive
Medina, OH 44256
P: 330-952-1737
F: 330-800-9549

E-mail: frontdesk@medinasurgical.com



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PATIENT NAME / DATE OF BIRTH

**SHORT FORM HISTORY AND
PHYSICAL EXAMINATION
(FOR DENTISTRY UNDER GENERAL ANESTHESIA)**

PLEASE FAX **ASAP** TO 330-800-9549

Date of Examination _____

Chief Complaint _____

Present Illness _____

Family History _____

Past History and Hospitalizations _____

Birth and Neonatal History _____

Allergies _____ Medications _____

Bleeding Tendencies _____ DRUG REACTIONS _____

EENT _____

Cardio- Respiratory _____

Genito- Urinary _____

Gastro- Intestinal _____

Neurological _____

PHYSICAL EXAMINATION: **T** **P** **R** **BP** **HT** **WT** **SA**

General Appearance _____

Head _____ Eyes _____

Ears _____ Nose _____

Throat _____ Tonsils _____

Neck _____ Lungs _____

Heart _____ Pulses _____

Abdomen _____

Genitalia _____ Rectal _____

Extremities _____ Neurological _____

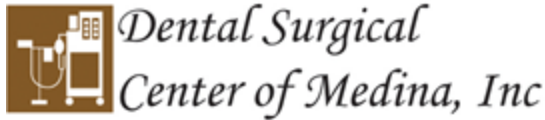
Impression or Admission _____

Additional Information _____

Examining Physician _____ M.D. Attending Physician _____ M.D.

Attendance Policy

1. Cancellations	<p>Patients who cancel within 48 hours notice will be allowed to reschedule the appointment.</p> <p>After three consecutive cancellations (or a combination of cancellations and no shows), the patient will be removed from future schedules and will not be allowed to reschedule.</p>
2. No Shows	<p>After three consecutive no shows (or a combination of cancellations and no shows), the patient will be removed from future schedules and will not be allowed to reschedule.</p>
3. Late Arrivals	<p>Patients are expected to be prompt. Patients arriving 15 minutes or later will be seen at the discretion of the dentist (depending on their schedule). If the patient arrives 30 minutes or later, they will be marked as a now show and we will reschedule.</p>



NOTICE OF PRIVACY PRACTICES FOR DENTAL SURGICAL CENTER OF MEDINA, INC.

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in the Notice while it is in effect. This notice takes effect 08/13/2010 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make significant change in our privacy practices, we will change this Notice, post a new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of your Notice at any time. For more information about our privacy practice, or for additional copies of this Notice, please contact using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

We may use and disclose your health information for different purposes, including treatment, payment, and healthcare operations. For each of these categories, we have provided a description and an example. Such information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these types of records.

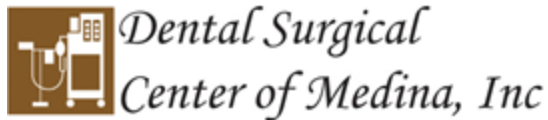
Treatment: We may use and disclose your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment: We may use and disclose your health information to obtain reimbursement for treatment for services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management and determinations of eligibility and coverage to obtain payment from you, an insurance company or other third party. For example, we may send claims to your medical health plan containing certain health information.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of our care. Additionally, we may disclose information about you to a patient representative the same way we will treat you with respect to your health.

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Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Public Health Activities: We may use or disclose your health information for public health activities, including disclosing to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair or replacement of products or devices
- Notify a person who may have been exposed to disease or condition
- Notify an appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions of law enforcement official having custody the protected health information of an inmate or patient.

Secretary of HHS: We may use or disclose your health information to the Secretary of the US Department of Health and Human Services when required to investigate or other similar programs established by law.

Law Enforcement: We may use or disclose your personal health information for law enforcement purposes as permitted by HIPPA, as requested by law, or in response to a subpoena or court order.

Health Oversight Activities: We may use or disclose your personal health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil right laws.

Judicial and Administrative Proceeding: If you are involved in a lawsuit or dispute, we may disclose your personal health information in response to a court or administration order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the requesting party or us, to obtain an order protecting the information requested.

Research: We may disclose your personal health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure privacy of your information.

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Coroners, Medical Examiners and Funeral Directors: We may release your personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose personal health information to a funeral director consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures for Personal Health Information: Your authorization is required with a few exemptions, for disclosure of psychotherapy notes, use or disclosure of personal health information for marketing, and for the sale of personal health information. We will obtain your written authorization before using or disclosing your personal health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your personal health information, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed and the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice, if you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to the electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost based fee, the cost of the supplies and labor copying, and for the postage if you want copies mailed to you. Contact us by using the information listed at the end of this Notice for an explanation of our fee structure

Disclosure of Accounting: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request for this accounting in a 12-month period. We may charge you a reasonable, cost-based fee for responding to the additional request.

Right to Request a Restriction: You have the right to request additional restrictions on our use or disclosure of your personal health information by submitting a written request to the Privacy Official. Your written request must include:

1. Information you want to limit
2. Whether you want to limit our use, disclosure of both
3. To whom you want the limits to apply

We are not required to agree to your request except in the case where the disclosures are to a health plan for purpose of carrying out a payment or health care operations, and the information pertains solely to health care items or service for which you, or a person on your behalf (other than the health plan), has paid in full.

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Alternate Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means of location, and provide satisfactory explanation of how payments will be handled under the alternative means or location your request and it must explain.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why information should be amended. We may deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right of Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: You may receive a paper copy of the notice upon request, even if you have agreed to receive this Notice electronically on our Website or by electronic mail. (email)

Questions or Complaints: If you want more information about our privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative location, you may complain to us using the contact person listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon your request.

If you want more information about our privacy practices or have any questions or concerns, please contact us.

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Acknowledgement of Receipt of Notice of Privacy Practices

***You May Refuse to Sign This Acknowledgement**

I have received a copy of this office’s Notice of Privacy Practice.

Print Name: _____

Signature: _____

Date: _____

E-mail: _____

Please check which phone number you would prefer to be reached at:

Home: (____) _____

Cell: (____) _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____

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Patient's Bill of Rights and Responsibilities

Dental Surgical Center of Medina is regularly inspected and conforms to guidelines of the Accreditation Association for Ambulatory Health Care (AAAHC). It is the policy of our doctors, nurses and other medical staff members to respect your individuality, dignity and privacy, and to make your stay as pleasant as possible. As a patient at, Dental Surgical Center of Medina you have rights that protect your interests. You also have responsibilities to help us to provide you with efficient, care of high quality. Together, these rights and responsibilities provide the basis for a positive, mutually beneficial patient-doctor relationship. A copy of this policy is posted in the reception area and a copy can be obtained upon request.

Patient Rights

1. You have the right to excellent medical/dental care and treatment without regard to race, color, religion, sex, sexual preference, national origin, handicap or source of payment.
2. You have the right to good care and high professional standards that are continuously maintained and reviewed.
3. You have the right to be addressed properly, to be heard when you have a question or need more information, and to be given an appropriate and helpful response. You will be provided with an interpreter, if possible, so that language differences are not a barrier.
4. You have the right to good health care management techniques that make the most effective use of your time and still provide for your comfort and convenience.
5. You have the right to give feedback and voice any grievances regarding your treatment or care.
6. You have the right to a high degree of privacy. Case discussions, consultations, examinations and treatment plans are confidential and will be conducted discreetly. When you are examined you are entitled to know what role any observer may have in your care. You may request that any observer not required for your care leave the examination area.
7. At, Dental Surgical Center of Medina, Inc. your records are confidential, and no person or agency beyond those caring for you is permitted access to this information without your permission. However, you have the right to request access to all information in your medical record unless specifically restricted by your attending physician for medical reasons or as prohibited by law. You have a right to receive a full and prompt explanation regarding any such restriction.
8. You have the right to know the name of the doctor who is responsible for your care, to talk with that doctor and any others who give you care. You have the right to know who will perform any test or operation.

9. You have the right to receive full information in layman's terms concerning your medical problems, the planned course of treatment, a full explanation of procedures and tests and the prognosis, or medical outlook for your future. This includes information about alternative treatments and possible complications. You have the right to receive adequate instruction in self-care, prevention of disability and maintenance of your health. You have the right to ask our doctors any other relevant questions about your health. When it is not medically advisable to give the information to you, it will be given on your behalf to your family or significant other.
10. You have the right to refuse any particular procedure or treatment. Before any test or other procedure is performed, you may be asked to sign a form giving your consent. If you are unable to give informed consent, a responsible person may do so for you. You have the right to receive information from the doctor that is necessary for you to give informed consent prior to the start of any procedure or treatment. Except in emergencies when procedures must be implemented without unnecessary delay, such information should include the specific risks, the probable time that you will be incapacitated, and what alternatives there may be to the procedure or treatment that the doctor has proposed. If you refuse to give consent to a procedure or treatment, you have the right to receive any help that Dental Surgical Center of Medina, Inc. can offer under the circumstances.
11. You or, if you are unable to give consent, a responsible person, has the right to be advised when your physician is considering you as part of a medical research program or donor program. You, or a responsible person, must give informed consent prior to participation in the program. You have the right to refuse to continue in a program to which you have previously given informed consent.
12. You have the right to expect that this practice will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements and the means for fulfilling them. Also, if there is a need to transfer you to another health care facility, you have the right to be told the reasons and whether there may be any alternatives to such transfer.
13. You have the right to expect emergency procedures to be implemented without unnecessary delay.
14. You have the right to assistance in obtaining consultation with another physician at your request and your own expense.
15. You have the right to examine and receive a detailed explanation of your bill.
16. You have the right to change providers, if other qualified providers are available.
17. All of our patients have the right to be informed of these rights at the earliest possible moment in the course of their medical care.

18. The Dental Surgical Center of Medina does not honor advance directives (do not resuscitate) request. All emergency procedures are performed to standard protocols and, if necessary, patient will be transported to a nearby hospital.
19. Dr. Steve Nguyen, Director of the Dental Surgical Center of Medina, has financial ownership interest in the surgery center.
20. You have the right to request information about our organization, credentials, fees, payment polices, after-hours emergency care, and absence of malpractice coverage.

Patient Responsibilities

1. Patients are responsible to provide accurate and appropriate information regarding their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies or sensitivities. It is your responsibility to bring with you information about past illnesses, hospitalizations, medications and other matters relating to your health.
2. You are responsible to behave respectfully toward all health care professionals and staff, as well as other patients and visitors.
3. You are responsible to follow the agreed-upon treatment plan prescribe by your provider and participate in your care.
4. You are responsible to provide a responsible adult to provide transportation home and to remain with him/her as directed by the provider or as indicated on discharge instructions.
5. While practicing at Dental Surgical Center of Medina, Inc. your doctor is obligated to exercise good judgment in order to help you. It is your responsibility to cooperate in the treatment program that your doctor specifies.
6. It is your responsibility to ask questions immediately if you do not understand instructions concerning your health or if you feel you cannot follow the instructions.
7. It is your responsibility to keep all scheduled appointments, or to contact the office when you cannot keep an appointment.
8. You are expected to show consideration for the privacy and comfort of other patients and medical personnel and to assist in the control of noise. You are also expected to be respectful of the property of other persons, and the property of Dental Surgical Center of Medina, Inc.

9. Duly authorized members of your family are expected to be available to office personnel for review of your treatment in the event you are unable to communicate with the physicians or nurses.
10. Your care may involve sedation, analgesia or anesthesia. You have a responsibility to help us reduce your risk of injury by following the safety guidelines provided by our medical staff.
11. You have a responsibility to provide information necessary for insurance processing of your bills, to be prompt about payment of your bills and to ask any questions you may have concerning your bills.
12. You are responsible for financial charges not covered by insurance.

If you are concerned about or displeased with any aspect of your care, we ask that you discuss the problem with Dr. Steve Nguyen, Director of Dental Surgical Center of Medina, Inc. Communication between you and our team is an important element in good health care. Suggestions or comments you make following discharge are appreciated. All grievance will be answered within 48 hrs.

ODH's Regulatory Ombudsman

The Ohio Department of Health's (ODH) mission is to protect and improve the health of all Ohioans by preventing disease, promoting good health, and assuring access to quality health care. To accomplish that goal, it is important that we consistently regulate Ohio's public health structure.

Robert Jennings is the Ohio Department of Health's Regulatory Ombudsman. In this role, he serves as a problem-solving liaison between the agency and those affected by its rules and processes. As a direct report to the Director of Health, Mr. Jennings is charged with ensuring consumer concerns are addressed at the agency's executive level.

For questions or concerns, please contact Mr. Jennings by e-mail at ombudsman@odh.ohio.gov, or by phone (614)466-3543.

MEDICARE PATIENTS MAY ALSO

The Office of the Medicare Beneficiary
www.medicare.gov/ombudsman/activities.asp

AAAHC, Inc.
3 Parkway N Suite 201
Deerfield, IL 60015
1-847-853-6060