

FORNI DENTAL
Max Forni, D.M.D., P.A.
701 State Road 60 East
Lake Wales, FL 33853
863-676-6021

Pre-Sedation Checklist

Dr. Initial

1. Medical history reviewed (including anesthesia history)
2. Complete airway evaluation/classification
 - Class I: Entire uvula vestibule, as well as hard palate, soft palate, and tonsillar pillars are visible.
 - Class II: Only part of the uvula and part of the tonsillar pillars are visible.
 - Class III: Uvula invisible, but soft palate and hard palate remain visible.
 - Class IV: Soft palate invisible, only hard palate remains visible.
 - Difficult Airway Patient: Previous difficult airway, Obesity, Retrognathia, Micrognathia, Severe Rheumatoid Arthritis, TMD, Obstructive Sleep Apnea, Uncontrolled diabetic.
3. Review of herbals (StJohns Wort, Kava Kava, Valerian, Chamomile, etc.)
4. Pre-operative forms reviewed and signed.
5. Informed consent given and signed.
6. Responsible companion identified.
7. Post-Op instructions reviewed.

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1. I understand that anxiolysis (defined as the diminution of anxiety) will be achieved by the administration of oral medications and possibly nitrous oxide/oxygen.

I have been instructed to take a pill approximately _____ minutes before my appointment. The anxiolysis appointment will last approximately _____ to _____ hours.

2. I understand that the purpose of anxiolysis is to more comfortably receive dental care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and success cannot be guaranteed.

3. I understand that anxiolysis is a drug-induced state of consciousness to reduce fear and anxiety. I will be able to respond during the procedure. My ability to act and function normally returns when the effects of the sedative wear off.

4. I understand and have been informed that the alternatives to anxiolysis are:

- a. No sedation: The necessary procedure is performed under local anesthetic only.
- b. Nitrous oxide/oxygen inhalation sedation only: Commonly called laughing gas.
- c. Oral Conscious Sedation: Sedation using orally administered sedative medications to achieve a minimally depressed level of consciousness.
- d. Intravenous (I.V.) Sedation
- e. General Anesthesia

5. I understand that there are risks and limitations to all procedures. For anxiolysis these may include:

- a. Inadequate initial dosage. This may result in a sub-optimal level of anxiolysis.
- b. Atypical reaction to the sedative medications. In unusual circumstances this may require emergency medical attention and/or hospitalization. Other atypical reactions may include: altered mental states (e.g. oversedation or hyper responding to the sedative medication), allergic reactions, and nausea and/or vomiting.

6. I understand that if, during the anxiolysis procedure, a change in treatment plan is required, I authorize the dentist to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.

7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the dentist. I also understand that I must follow all the recommended treatments and instructions of my dentist.

8. I understand that I must notify the dentist if I am pregnant, or if I am lactating. I must notify the dentist if I have sensitivity, intolerance, or allergy to any medication. I have informed the dentist of my past and present medical history, if I have recently consumed alcohol or other recreational drugs, and if I am presently on any prescription or non-prescription medications.

9. I understand that after taking oral sedatives I am not permitted to drive or operate hazardous machinery for 24 hours after my procedure. I understand and acknowledge that I will have a responsible adult drive me to and from my dental appointment on the day of the anxiolysis procedure.

10. By signing below I hereby consent to anxiolysis in conjunction with my dental treatment.

Patient / Guardian
(Signature), _____ (Print) _____

Date: _____ Witness _____

FORNI DENTAL
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Today's Date: _____

I, _____, give my permission to Dr. Max Forni and the associates in his employ, including hired team members, to discuss my health and dental situation/treatments with the following persons:

Name _____

Address _____

Contact Numbers:

(work) _____ (home) _____ (cell) _____

Name _____

Address _____

Contact Numbers:

(work) _____ (home) _____ (cell) _____

This authorization shall be in effect from this day forward, and until I advise Dr. Max Forni otherwise in writing.

On this day, _____ I, (print) _____ represent that I am over the age of 18 years, I am in sound state and mind, and I am competent to enter into this agreement. I am fully aware of and understand the contents of this agreement. All my questions have been answered.

Patient's Signature: _____

Date: _____

PRE-OP

Date _____

Patient Name _____
Patient Data Height _____ Weight _____ Age _____
American Society of Anesthesiologists' Classification (ASA) _____
Medications _____
Drug Allergies or Intolerances _____
Baseline Vitals: Pulse (bpm) _____ BP (mmHg) _____ / _____ SpO₂ _____ %

Use the table below to record both the medications used and the times administered.
(eg. sedatives, nitrous oxide/oxygen, and local anesthesia)

Vitals at start of treatment: Pulse (bpm) _____ BP (mmHg) _____ / _____ SpO₂ _____ %

PERI-OP

Name of medication & Dosage	Time

POST-OP

Vitals signs at discharge:

Pulse (bpm) _____

BP (mmHg) _____ / _____

SpO₂ _____ %

- Discharge criteria satisfied
- Post-operative instructions given to patient and companion
- Patient instructed when to resume normal eating and drinking
- Patient given emergency contact phone numbers
- Patient released to responsible adult companion

DISCHARGE CRITERIA

Use the following criteria to assess a patient's readiness to be discharged to the care of a responsible adult companion. **The total score is 10; a score of ≥ 9 is required before patients may be discharged.**

Date _____

Patient Name _____

Evaluator _____

Vital Signs

2 = vital signs within 20% of pre-operative value

1 = 20-40% of pre-operative value

0 = >40% of pre-operative value

Ambulation / Mental Status

2 = steady gait and oriented

1 = with assistance

0 = neither / dizziness

Nausea / Vomiting

2 = Minimal

1 = Moderate

0 = Severe

Pain

2 = Minimal

1 = Moderate

0 = Severe

Surgical Bleeding

2 = Minimal

1 = Moderate

0 = Severe

TOTAL SCORE _____

***Note: A score of ≥ 9 is required for discharge

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POST-SEDATION INSTRUCTIONS

1. PATIENT SHOULD NOT DRIVE A MOTOR VEHICLE FOR 24 HOURS AFTER SEDATION.
2. DO NOT OPERATE ANY HAZARDOUS DEVICES/MACHINERY FOR 24 HOURS AFTER SEDATION.
3. A RESPONSIBLE ADULT PERSON SHOULD BE WITH THE PATIENT UNTIL HE/SHE HAS FULLY RECOVERED FROM THE EFFECTS OF THE SEDATION.
4. PATIENT SHOULD NOT GO UP AND DOWN STAIRS UNATTENDED. WHENEVER POSSIBLE, HAVE THE PATIENT STAY ON THE FIRST FLOOR UNTIL RECOVERED.
5. PATIENT SHOULD RESUME NORMAL EATING AND DRINKING AFTER THE SEDATION APPOINTMENT, UNLESS OTHERWISE INSTRUCTED BY THE DENTIST.
6. THE PATIENT NEEDS TO DRINK PLENTY OF WATER POST-OPERATIVELY TO PREVENT DEHYDRATION AND TO PREVENT THE "HANG-OVER" OF SEDATION MEDICATIONS.
7. AFTER LEAVING THE DENTAL OFFICE, PATIENTS SHOULD NOT BE LEFT UNATTENDED. PATIENTS MAY SEEM NORMAL AND RECOVERED, BUT THE EFFECTS OF THE MEDICATION CAN LAST FOR SEVERAL HOURS AFTER THE APPOINTMENT HAS ENDED. DO NOT ALLOW THE PATIENT TO MAKE IMPORTANT DECISIONS FOR THE REMAINDER OF THE DAY FOLLOWING HIS/HER SEDATION APPOINTMENT.
8. ALWAYS HOLD PATIENT'S ARM WHEN WALKING AS THEY MAY HAVE PROBLEMS WITH BALANCE WHILE UNDER THE EFFECTS OF THE SEDATIVE MEDICATIONS.
9. CALL THE OFFICE IF YOU HAVE ANY QUESTIONS OR CONCERNS. IF YOU FEEL THAT YOUR SYMPTOMS WARRANT A PHYSICIAN AND YOU ARE UNABLE TO REACH US, GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY.

FOLLOWING MOST SURGICAL PROCEDURES THERE MAY OR MAY NOT BE PAIN. YOU WILL BE PROVIDED WITH MEDICATION FOR DISCOMFORT THAT IS APPROPRIATE FOR YOU. IN MOST CASES, A NON-NARCOTIC PAIN REGIMEN IS RECOMMENDED CONSISTING OF ACETAMINOPHEN (TYLENOL®) AND IBUPROFEN (ADVIL®). THESE TWO MEDICATIONS TAKEN TOGETHER CAN BE AS EFFECTIVE AS A NARCOTIC WITHOUT ANY OF THE SIDE AFFECTS. IF A NARCOTIC HAS BEEN PRESCRIBED, FOLLOW THE DIRECTIONS CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THESE MEDICATIONS INTERACTING WITH OTHER MEDICATIONS YOU ARE PRESENTLY TAKING, PLEASE CALL OUR OFFICE, YOUR PHYSICIAN AND/OR YOUR PHARMACIST.

Companion Signature _____

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Before your Sedation Appointment

Things to do/remember the day before your appointment:

- No smoking* - *This affects the level of sedation during your treatment, and can negatively affect your comfort level during the appointment.*
- No alcohol* - *The dentist cannot safely sedate you if you have had alcohol, narcotics pain medicines (including Norco/Hydrocodone) or any street or recreational drugs.*
- No caffeine
- Take no additional medications (e.g. OTC pain medications and antacids, herbal or nutritional supplements) unless discussing these medications with the dentist*
- Nothing to eat after midnight, it is Ok to take your medication with some water on the morning of the appointment* - Unless otherwise instructed by the dentist
- Remember to remove any dark nail polish (e.g. blue, black, etc)

The morning of your appointment:

- Take the sedative medication as instructed by the dentist before your appointment*
- Please leave jewelry and watches at home
- No contact lenses
- Wear short sleeves and comfortable clothing
- Wear comfortable shoes/socks

It is absolutely essential that you have your escort drive you to your appointment. *We will not be able to proceed with your appointment if you drive yourself, and this will result in forfeiting your pre-paid fee for the appointment.*

****Regrettably, failure to comply with the items marked with an asterisk can compromise the safety of the sedation procedure. In most cases, the dentist will not be able to proceed with your treatment.***