



Specialist in Pediatric Dentistry

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INTRODUCTION

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Checklist

- The importance of this information has been explained to me at the time of my child's exam and I understand that I can call Dr Henderson's office with additional questions.
- I need to schedule an appointment for my child to have a pre-op physical the week of surgery. The form on page 5 must be faxed to Boone Hospital.
- If I have medical insurance, I need to call as soon as possible and follow the instructions contained on page 2.
- If my child develops a fever, rash, cold/flu, or cough in the 2 weeks before the scheduled surgery, I need to notify Dr. Henderson at 573-446-6868 (office), 573-442-6843 (home), or 573-489-6843 (cell)
- Following the NPO INSTRUCTIONS on page 3 are critical first step to assure the safety of my child on the day of surgery.

Date of Surgery

Arrival Time at Boone Hospital Center

IN OFFICE USE ONLY

FINANCIAL/INSURANCE INFORMATION

Objective

We would like you to understand the three separate charges you can anticipate when your child needs outpatient dental surgery; hospital, anesthesia, and dental.

Hospital and Anesthesia

OPERATING ROOM CHARGES or FACILITY FEES will be charged by Boone Hospital Center.

- Call your medical insurance company's Benefits Department
 - Ask if Boone Hospital Center is in-network. (If not, will out-of-network fees apply?)
 - Ask if Mid America Anesthesia is in-network. (If not, will out-of-network fees apply?)
 - Is pre-authorization (also known as pre-certification) required? If so, obtain a FAX number _____ Medical ID # _____
- Call Dr. Henderson's office with the FAX # and Medical ID #. With the information you provide, we will fax material to your medical insurance to assist with pre-certification. Please remember that we cannot file medical claims.
- If you have additional questions about hospital charges, please contact;
Patient Assistance/Patient Insurance
Boone Hospital Center
(573)815-3305
- If you have additional questions about anesthesia charges, please contact;
Mid America Anesthesia
(573)875-8838

Dental

You will be given a pretreatment estimate, but please remember that patients who need hospital dentistry often are unable to cooperate for an extensive examination, cleaning, and/or x-rays. There are often dental problems that can't be detected until Dr. Henderson obtains x-rays, cleans, and inspects the teeth under general anesthesia. Please note that;

- We can only file primary dental insurance.
- Dental insurance plans have an annual maximum limit which can range from \$500 to \$3500, which will affect your out-of-pocket costs.
- The patient portion of the estimated dental fees is due 15 days before the outpatient surgery to confirm the date and avoid cancellation or postponement of the dental surgery.
- Your final bill will depend on the fees for the dental services actually provided on the day of surgery, not the estimate.

THE NIGHT BEFORE AND THE DAY OF SURGERY

NPO INSTRUCTIONS (NPO means “Nothing By Mouth”)

NO SOLID FOODS AFTER MIDNIGHT! NO MILK AFTER MIDNIGHT!

Children may have up to 8 ounces of clear fluids between midnight and four (4) hours before surgery.

Clear fluids include;

- pulpless fruit drinks
 - clear soda , like 7up or Sprite
 - water
-

THE NIGHT BEFORE SURGERY

- Please plan to have your child wear comfortable, loose fitting clothing that is easy to remove. It's OK for your child to come in their pajamas or sweat pants and a T-shirt.
 - Feel free to let your child pick something special from home; a stuffed animal or blanket.
 - Plan to bring a change of underwear and pants. Your child will be able to use the restroom before surgery, but some people will still void their bladders during surgery.
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THE DAY OF SURGERY

- A map and directions from your home to Boone Hospital Center can be accessed through this link: <http://goo.gl/maps/RlfVE>
- When you approach Boone Hospital Center on East Broadway, turn south on Ann Street or William Street. Turn on Anthony and park on the south side of the building near the Hospital.
- Enter through the Outpatient Services entrance (same doors as the Harris Breast Center).
- Take the elevator to the second floor and check in at the desk in the Surgery Waiting Area.
- You will visit with the Anesthesia Team and Dr. Henderson before surgery and your child will receive a sedative to facilitate separation, if deemed safe and necessary by the anesthesiologist.
- Parents and relatives will be asked to wait in the lounge during surgery. A nurse will bring two family members to the Recovery Room when your child begins to awaken.



LORI HENDERSON, D.D.S.

Pediatric Dentistry

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Dear Doctor,

This letter is to request your help in providing a preoperative physical examination and any pre-surgical tests needed to clear our patient for outpatient dental surgery scheduled at Boone Hospital Center. As required by hospital by-laws and protocol I also ask that you complete the provided H&P form and FAX it to Boone Hospital Center Pre-Admissions Surgery Services at 573-815-8658.

Please contact me if I can provide any additional information about the planned dental procedure.

Sincerely,

Lori Henderson, DDS

FAX to Boone Hospital 573-815-8658 no later than 24 hours before dental surgery

Physician History and Physical / Procedural Form

Date: _____ Time: _____ **History** Patient Name: _____

- I have reviewed the history and review of systems in the admission data base or health questionnaire and agree with the information.
- I have reviewed the physician history and physical exam on the chart and agree.

---- OR ----

Diagnosis/Chief complaint/Impression: _____

Medical history: _____

Surgery history: _____

Review of Systems - Normal with the exception of pertinent findings below:

Cardiovascular: _____
 Pulmonary: _____
 Neuro: _____
 Gastrointestinal: _____
 Genitourinary: _____
 Other: _____

Medications / Allergies: See list or:

Medications: _____
 Allergies: _____

Physical Exam

Vitals: See documentation or: Age _____ M F Wt _____ Ht _____ BP _____ HR _____ RR _____ Temp _____

Assessment - Normal with the exception of pertinent findings below:

Neuro: _____
 Extremities: _____
 Chest: _____
 Abdomen: _____
 Airway: (required for conscious sedation) Dentition intact Dentures _____
 Other: _____

Plan

Impression: _____
 Plan/Procedure: _____

- Risks, benefits, option of procedure discussed with patient/family.
- Conscious sedation planned. (the following are required)
 ASA score: 1 2 3 4 5 E
 Plan: light mild moderate deep
 patient is a candidate for sedation and options and risks have been discussed.

ASA* Score Key	
Status	Description
1	Healthy patient
2	Mild systemic disease
3	Severe systemic disease, not incapacitating
4	Severe systemic disease that is a constant threat to life
5	Moribund, not expected to live 24 hrs irrespective of operation
E	Emergency

* ASA = American Society of Anesthesiologists

---- OVER ----

Fax H & P to Pre-Admissions Surgery
Services at: 815-8658

Physician Signature

Date