

SAFE SEDATIONS LLC

ADULT INFORMATION SHEET 2015

Viola Devany, M.D. SafeSedations@aol.com

Dr. Devany's Cell: (937) 974-4686

Visit our webpage: www.SafeSedations.com

Lisa (office): (937) 974-2960

Login: Safe

Password: Sedations

Your dentist has recommended dental treatment for you to be performed during IV sedation/general anesthesia with Dr. Devany. Dr. Devany is a **Physician Anesthesiologist**, Board Certified in both Pediatrics and Anesthesiology with 28 years experience in Anesthesiology and over 15 years in Office Based Anesthesia.

In order to better care for you and to maximize safety, Dr. Devany has arranged a protocol to follow:

1. You have received an Information Sheet, Consent, Pre-Op Questionnaire, Post-Op Instructions, HIPAA Form, Fee Schedule, and a Compliance Form. READ and sign the Compliance Form at the time of scheduling. Read it **very** carefully. **Read the Consent** but *do not sign* until you have spoken to Dr. Devany or her assistant, and had all your questions answered. **Visit the website for videos and answers to many questions.**
2. Dr. Devany *or* her assistant will call you one to two days before the scheduled time to discuss all the information you have provided, review the plan, risks, and options with you. She will be glad to answer any questions you have.
3. Most patients will be required to have their physician complete a routine history and physical form/medical release form. If you are a smoker or have a history of asthma, reactive airway disease, recurrent pneumonia, *or* if you are recovering from or have an active cold, please contact Dr. Devany *three to four days before* the appointment. If you anticipate that it will be difficult to contact you by phone, please contact Dr. Devany yourself. **No anesthetic services will be provided without a phone interview first.**
4. **You will not be able to have any food after midnight the night before the procedure.** You can have clear liquids (water, Kool-Aid, Gatorade, apple juice, regular Jell-O, or regular popsicles) up to *three hours before* the appointment time. **DO NOT EAT/DRINK MILK, ORANGE JUICE, GUM, CANDY, COFFEE, TEA, OR BROTH. This is very important, see the Compliance Form. The only exception to the NPO rules are given in writing via email. Any verbal instructions you think you have received that differ from the written instructions here, or in an email, are trumped by all written instructions.**
5. Bring an extra set of comfortable clothes for yourself in the event that there is an "accident." A few patients have wet themselves.
6. **You must have another adult to drive you home. This person should be available by phone or in person at the beginning of the sedation, and should be at the office within 30 minutes of the estimated end-time. You must have someone stay with you the rest of the day and night.**
7. Plan to arrive at the office 20-30 minutes *before* the appointment. We strive to keep appointments on time, but just as with any surgery, the appointment time should be considered a guideline. It is not uncommon for one patient's appointment to be longer than anticipated and this may cause a delay in start times for subsequent patients.
8. Have some clear liquids at home for the first "meal". Ginger Ale has anti-nausea qualities.

Safe Sedations, LLC
Viola Devany, M.D.
Adult Pre-Op Questionnaire 2015

Patient's name: _____ Male: ____ Female: ____

Patient's age: ____ Patient's DOB: _____ Patient's weight: ____ Patient's height ____

Is there a history of:	Yes	No
1. High blood pressure? _____ If yes, what is your usual BP? : _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiac/heart disease or symptoms of chest pain or heaviness, light-headedness or heart palpitations? _____ If yes describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoking? _____ If yes, how many years? _____ How many packs per day? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Lung disease? _____ Prone to: asthma, croup, recurrent bronchitis or pneumonia, etc? _____ If yes, when was last episode? _____ If yes, any related medications? _____ Any related hospitalizations or ER visits? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Sinus infections? _____ If yes, how often do they occur and when was the last one? _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Stroke or TIA? _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Seizures? _____ If yes, list any related medications: _____ If yes, how often are seizures and what type: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Musculoskeletal disease, scoliosis, or chest deformities? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Anemia? _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Snoring, large tonsils, mouth-breather, sleep apnea (does it sound like you sometimes stop breathing or pause?) _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Gastrointestinal problems-reflux, hepatitis, HIV? _____ If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Any other current medications not listed above: _____ Any supplements? _____		
13. Allergies including allergy to latex, food, eczema: _____ If yes list all allergies: _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Any previous surgeries or anesthesia? _____ Please list any problems, difficulty associated: _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Family history of anesthesia problems? _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Family history of muscular dystrophy or other muscular diseases? _____	<input type="checkbox"/>	<input type="checkbox"/>
17. Family history of malignant hyperthermia? _____	<input type="checkbox"/>	<input type="checkbox"/>
18. If any other medical problems, please list: _____		
19. Neurological development issues like Autism, MRDD, or CP? _____ If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Reason for sedation (anxiety, bad experience, gagging, etc.) _____		
21. List all phone numbers for pre and post-op contact by Dr.Devany: _____ _____		
22. Are you a medical professional (RN, MD, EMT)? _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Psychological history (i.e.: depression or anxiety, bipolar, etc.) _____ If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

Office notes only below this line

Date: _____ NPO: _____ Clear liquids: _____ Rx# _____
 Prelone Doses: _____ Other instructions: _____ IPROQ#: _____
 Adult Driver: _____

***SAFE SEDATIONS LLC
VIOLA DEVANY MD***

ADULT POST OPERATIVE INSTRUCTIONS 2015

Viola Devany, M.D.

Safesedations@aol.com
Safesedations.com

Cell (937) 974-4686

1. At the end of the dental procedures, when you awaken, you will still be drowsy and drunk-like. Most patients wake up smoothly and calmly with a sense of relief that the procedure is done. You will be discharged when you can move to the wheelchair with assistance and talk coherently.
2. On the way home you should wear your seat belt, but the chair can be reclined some. Your driver will be instructed that if you fall asleep, your chin should be kept up to keep your airway open.
3. When you arrive home it is okay to sleep but you should not be alone the rest of the day, evening and night. Another adult should be with you at all times. You might be dizzy, or un-coordinated so when you get up to walk to the rest room do not hesitate to ask for help. The rest of the day should be for resting and relaxing. Remember that even after you feel normal you might not have good coordination or even good judgment of your coordination,
4. At home, start with clear liquids, like gatorade, kool-aid, 7up or apple juice. Avoid dairy and plain water for a few hours. **Ginger ale** has natural anti-nausea properties. Soft food can be added next. Later, you can progress to a regular meal as tolerated, or suggested by your dentist.
5. For the remainder of the day, do not participate in any activity that requires coordination or judgment, like driving skiing, snowboarding, swimming, biking, using power tools, or even cooking. Do not sign any contracts or other paper work for 24 hours.
6. If you vomit, refrain from taking food and drinks for one hour. Start again with sips of clear liquids/ginger-ale. If it happens again, call Dr. Devany.
7. One of the medications can cause a flushed face or low grade temperature. Call Dr. Devany if you develop a temperature > 101°F or if there is swelling of the mouth or airway, or if you have any other concerns.
8. Please ask any questions that you. We want this to be a safe and pleasant experience for you. These instructions will be reviewed with you before the sedation and with your driver at the end of the sedation.

SAFE SEDATIONS LLC

VIOLA DEVANY MD

PATIENT/PARENT COMPLIANCE CONTRACT 2015

TAKE YOUR TIME AND READ THIS CAREFULLY

1. **NPO** (not eating and drinking) instructions are very important for the safety of the patient and must be followed **exactly** as written. They will be reviewed for you the night before the procedure in a phone call from Dr. Devany or her assistant. No food after midnight except **clear** liquids 3 hours before appointment time. **No milk, orange juice, gum, candy, mints, broth, etc.**
2. **A second adult is necessary** for the ride home for the safety and care of the patient. For pediatric patients, or special need adults, two adults are required. The second adult can be a teenager.

Alternately, a second adult could arrive at the end of the procedure to drive the patient and the parent home in the same car. Or a taxi can be arranged to take the patient and the parent home.

For adult patients, one adult driver is to be available at the office to drive the patient home.

3. **Pre-op Medications (Prednisone, Prelone, Orapred):** All doses must be taken as prescribed.
4. **NO cancellations less than 2 business days**, except for documented illness. Always call Dr. Devany before cancelling for illness.

These instructions are very important. Your signature indicates that you have read these instructions and understand that if there is a breach in the NPO instructions, a second adult is not arranged for (e.g.: you arrive without a second adult or plans for a taxi), or the Pre-Op medications are not given, the procedure will be cancelled and the deposit of \$400 is non-refundable.

Exceptions to this rule:

Some late afternoon appointments might be given additional options. This is *only* if Dr. Devany or her assistant have *specifically* given you these instructions for you or your child **in an email** and you have emailed acknowledgement. If you think you have been given any instructions that are different from these written instructions, **the written instructions will trump all verbal communications.** The written instructions are to be followed.

Rare exceptions to the second driver rule will be granted only through consultation with Dr. Devany, and could involve additional charges for keeping the patient for a longer recovery time.

FOLLOW THESE INSTRUCTIONS, AND READ BEFORE YOU SIGN.

I acknowledge the NPO, Second Driver, and Medication Instructions.

PATIENT/PARENT SIGNATURE: _____

Date: _____

SAFE SEDTIONS LLC 2015
VIOLA DEVANY MD
CONSENT FOR DENTAL TREATMENT WITH IN-OFFICE
IV SEDATION/GENERAL ANESTHESIA

I have been informed of, and fully understand, the dental procedure(s) necessary to treat my child, or myself. Though I have been given an estimate, I understand that the treatment time and cost may vary once the treatment begins (treatment variations will be discussed with the parent/legal guardian as quickly as possible without interfering with the treatment).

I consent to the administration of sedatives/general anesthesia for myself/my child,

_____ by Dr. Viola Devany or her associate in conjunction with the dental procedure(s) scheduled with the Dentist _____. I acknowledge that it has explained to me that the sedatives/general anesthetics will be given to reduce fear, anxiety and/or pain associated with the procedure, and to limit activity so dental treatment can be completed safely.

The alternatives to the use of in-office sedation/general anesthesia, as well as advantages and disadvantages of each alternative (no sedation, papoose board, oral sedation, N2O, general anesthesia at the hospital) have been explained to my satisfaction.

I fully understand that there is a possibility of surgical and/or medical complications developing during or after the procedure and that these may include, but are not limited to, adverse reaction to the sedative/general anesthesia agents, nausea, vomiting, or atypical physiological response that may require hospitalization, further surgical procedures, disability, cardiac or respiratory arrest, aspiration, temporary or permanent nerve damage, damage to the airway, brain damage, life threatening conditions or death, and harm to an undisclosed pregnancy.

I acknowledge that the plan, risks, options and benefits have been discussed and all questions I have asked concerning the anesthetic have been answered to my satisfaction.

I am giving my full and informed consent to treatment to be rendered as described to me, including any treatment based on new findings during the procedure.

Concerning minors and legal guardianship: My signature is acknowledgement that I am the legal guardian (as acknowledged through the court system) of the minor child and/or for any adult that is in my care and is not capable of understanding informed consent.

I have been given the HIPAA policy and have had a chance to read it.

I verify that nothing has been taken by mouth by my child (or myself as the patient) since _____ food _____ liquid.. Please list all food/liquids taken after midnight. _____ time _____

Patient's name _____

Signature of parent/legal guardian _____

Relationship to patient _____ Date _____

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Viola Devany MD

**Consent for Anesthesia Without
Pregnancy Verification 2015**

I am giving consent for sedation/general anesthesia for myself, my child, or my legal ward:

PATIENT NAME: _____.

I am declining the pregnancy test, either blood or urine, which could establish whether or not a pregnancy exists at this time.

I understand that if I (or my child), whoever is receiving the anesthetic, is pregnant and receives sedation or anesthetic drugs, the health and well being of the fetus or unborn child could be at risk. These risks include but not limited to premature delivery, loss of pregnancy, and or birth defects, or potential developmental delays/learning disabilities and other unknown risks.

Patient name _____

Consenters
signature _____

Relationship to
patient _____

Date _____

Witness _____

Safe Sedations LLC

Viola Devany MD

2015 HIPAA Privacy Promise

Dr. Viola Devany M.D., and everyone with Safe Sedations LLC share your concerns about privacy. We take them seriously and are committed to protecting your non-public, personal information.

You or your child will be receiving care in a dental office where privacy will be maintained to the best of our ability, while still providing safety for the patients during sedation and recovery.

How we may use your or your child's information:

- For discussion/communication with dentists, doctors, nurses and other health care providers who care for you while you or your child are with us, or provided past, current or future care.
- For communication with insurance companies or insurance support organizations.
- For communication with the dentists/physicians offices and personnel, or communication with physician who participate in the patient's Peri-Operative care (e.g. medical clearance from treating physicians).
- Government agencies or charitable organizations that might be providing financial support.
- In emergency situations to avert serious health/safety situations or in the event transportation is needed.
- To contact you about appointment reminders, Pre-Operative telephone conferences, treatment plans, and other health related benefits and services, and Post-Operative follow-up by Dr. Devany, her associates, or representatives.
- When law, including judicial settings and health oversight regulatory agencies, requires release .
- If you do not object, with any friends or relatives that accompany you.

Any data collected for research purposes or collective data reasons like tracking trends in this practice or shared with national professional organizations will be shared without identifying individuals or sharing individuals' identities.

Every effort is made to insure privacy in the office on the day of service, however it is an office setting, and the proximity of a recovery patient with a sedation patient is very close by design to promote the safest environment for both patients. This safety measure *could* allow one family to hear some information concerning the other. This is unlikely to happen, and usually the identity is not revealed, but if this is a concern, the office setting might not be the right place for your procedure.

Note that email communication is *not* **HIPAA** compliant unless both computers are encrypted. If you send email or text information to us, and want to maximize your privacy, please do not include full names.

Your rights concerning your information: You have the right to request or inspect much of the personal health information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. You have the right to request that personal health information be corrected. We are not obligated to make requested amendments but we will give each request careful consideration. If you have questions or need further assistance concerning this notice, you may contact Dr. Devany at safesedations@aol.com.



***Safe Sedations LLC 2015
Viola Devany MD
Insurance form***

If you wish to complete a Health Insurance claim form, please obtain the form from your insurance company, and provide them with the following information:

Patient's Name: _____

Date of Service: _____

Policy holder's social security number or ID#: _____

Type of service: In-office anesthesia sedation for dental procedures _____

Charges: _____

Location of Service: _____

Dentist or Surgeon: _____

CPT code: 41899-23 _____

Diagnostic code: 521.01 _____

Tax I.D. number: 45-4517469 _____

Modifier: 23 _____

Anesthesia medical code: 00170 _____

Dental codes: D9241 (1st 30 minutes - \$630), D9242 (each additional 15 minutes - \$85) _____

Anesthesia time: _____

Safe Sedations LLC
Viola Devany, MD,
2015 Fee Schedule and Explanation

- * Deposit of \$400 *is to schedule*. It is **non-refundable** for cancellations of less than 48 hours, no-shows, not having two adults or making arrangements for another driver, NPO violations (not following the eating and drinking rules), or not giving or taking prescribed medications. Exceptions include illness with M.D. excuse, severe weather, and family death. Final decision will be per Dr. Devany.
- * First hour \$800.
- * Minimal charge is \$800.
- * Every additional 15 minutes, or part of a 15 min increment is \$85.
- * The total fee balance is due at the completion of the dental procedure.
- * Dr. Devany will provide Insurance Forms for you to file with your insurance company.
- * Some procedures like one tooth extractions might have a lower fee.
- * Consultation fee for more complex care can be up to \$100.
- * Dramatic increases in cost of drugs and supplies require some fee adjustments for larger/older patients.
- * Behavioral Management fee for unusual behavioral situations can be up to \$100.
- * Failure to return Pre-Op Questionnaire 5 days before surgery will be an additional \$50.

Summary

Down Payment	\$400
First Hour/Minimum	\$800
Additional 15-minute increments	\$85 per 15 minute increment

Hourly Rates

One Hour	\$800
One Hour and 15 minutes	\$885
One Hour and 30 minutes	\$970
One Hour and 45 minutes	\$1,055
Two Hours	\$1,140

Increased Weight Fees

Over 75 pounds	\$50
Over 120 pounds	\$75
Over 150 pounds	\$100

Additional Fees

Complex Patients	Add up to \$100
Adult Cases Minimum	\$2,000
Credit Card Payments	Add 5%

For insurance billing purposes the billing can be broken down as follows:

- * First 30 minutes, is \$630.
- * Every 15 minutes interval (any part of a 15 minute interval) after the first 30 minutes is \$85, until the end of the case when Dr. Devany is done with her work with the patient.