

OPEN ACCESS DENTAL SURGERY (SLEEP DENTISTRY)

Patient Name: _____ Sex M/F: _____
 Date of Birth: ____/____/____ Phone: _____ Email: _____
 Residential Address: _____
 Medicare Number _____ Ref: _____
 Private Health Insure: YES NO Member Number _____

SURGEON: DR RASHI GUPTA **OTHER:** _____

PLEASE PERFORM THE FOLLOWING PROCEDURES:

- | | |
|---|--|
| <input type="checkbox"/> Dental Implants including grafts and sinus augmentation under anaesthesia. | <input type="checkbox"/> Crown/veneer inlays/inlays/bridges preparation under anaesthesia. |
| <input type="checkbox"/> Implants - single, multiple, including anteriors (grafting cases). | <input type="checkbox"/> Biopsy of lesions/cysts under anaesthesia. |
| <input type="checkbox"/> All-on-X (full mouth implants with fixed bridges). | <input type="checkbox"/> Removal of calculus/cleans under anaesthesia. |
| <input type="checkbox"/> Tooth extraction under anaesthesia including wisdom teeth. | <input type="checkbox"/> Soft tissue surgeries gingivectomy/frenectomy under anaesthesia. |
| <input type="checkbox"/> Endodontic treatment including post and core under anaesthesia. | <input type="checkbox"/> Dental fractures under anaesthesia. |
| <input type="checkbox"/> Periodontic treatment under anaesthesia. | <input type="checkbox"/> Surgical exposure of unerupted teeth under anaesthesia. |
| <input type="checkbox"/> Tooth fillings including fissure seals under anaesthesia. | <input type="checkbox"/> Splinting of displaced teeth under anaesthesia. |
| | <input type="checkbox"/> Dentures under anaesthesia. |

MEDICAL HISTORY: PLEASE PROVIDE PATIENT HEALTH SUMMARY WITH THIS REFERRAL. DOES THE PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS? (Please tick)

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| YES | NO | | YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | IHD/ANGINA/AMI/Stents (last 6 months) | <input type="checkbox"/> | <input type="checkbox"/> | Bisphosphonates |
| <input type="checkbox"/> | <input type="checkbox"/> | Congestive Heart Failure | <input type="checkbox"/> | <input type="checkbox"/> | Steroid use |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Arrhythmia | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis/HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnoea/Uses CPAP |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy/Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Problems following anaesthetic |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma/COAD/COPD/Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | Cancer or Leukaemia (including in remission) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding diathesis/Anticoagulant use /Aspirin/Warfarin/Heparin | <input type="checkbox"/> | <input type="checkbox"/> | Smoker Cigarettes per day _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetic requiring insulin or oral medication | | | |

Other Medical History: _____
Previous Surgeries: _____
Medication (including over-the-counter): _____
Allergies: _____
Patient Information: Height (cm): _____ Weight (kg): _____ BMI (if known): _____

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GEELONG DAY SURGERY EXCLUSION CRITERIA

The following patients are excluded from admission:

- Identified as a Carbapenem-resistant Enterobacteriaceae (CRE) contact or admitted to an overseas hospital in the past 12 months, or travelled overseas in past 4 weeks and after review by Infection Prevention Australia, they have been considered a risk.
- Patients with a temperature of 38°C.
- Patients over 140kg.
- Patients with Body Mass Index (BMI) over 42.
- Patients who require airborne transmission-based precautions.
- Patients under the age of 18 years.
- Patients with ASA 3 or 4 who require general anaesthesia.
- Patients who do not understand their healthcare rights or who do not appear competent to provide informed consent (and do not have a substitute decision maker).
- Patients with a level of cognitive impairment that may result in patient harm or inability to be able to follow instructions (during admission and post discharge instructions).
- Patients with no escort or support from a carer for the first 24 hours post procedure.
- Patients at risk of delirium or history of delirium after previous procedures.
- Patients at risk of self harm during admission.
- Patients at risk of aggression.
- Procedures anticipated with surgical time of over 6 hours.

The following patients require anaesthetic review prior to a decision being made about admission eligibility:

- Patients at risk of Malignant Hyperthermia (MH).
- Patients with weight between 135kg – 140kg.
- Patients with BMI between 35 - 42.
- Patients with ASA 3 or 4 who require sedation and/or local anaesthesia.

REFERRING DOCTOR:

Clinic Name: _____ First Name: _____ Last Name: _____
Provider: _____ Date: ____ / ____ / ____ Signature: _____