

# New Patient Registration

(ALL INFORMATION VOLUNTEERED ON THIS FORM IS FOR DOCTOR'S USE ONLY AND WILL NOT BE SHARED WITH ANYONE WITHOUT YOUR CONSENT)

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR THE PATIENT HAVING SURGERY TODAY

Patient First Name:		Middle:		Last:	
Street Address:					
City:		State:		Zip	
Social Security #:		Email Address:			
Home Phone:			Cell Phone:		
Date of Birth:	Age:	Sex:	Height:	Weight:	

Please indicate **why** you are here today: \_\_\_\_\_

Has the patient had anything to eat or drink in the past 5 hours? Yes No  
If yes, please explain: \_\_\_\_\_

Has the patient been treated at a hospital within the past 5 years? Yes No  
If yes, please explain: \_\_\_\_\_

Is the patient presently under a physician's care? Yes No  
If yes, please explain: \_\_\_\_\_

Please list any medications the patient is taking: \_\_\_\_\_  
\_\_\_\_\_

Has the patient used any of the following during the past year? Yes No  
If yes, please circle drugs used: Marijuana Heroin Crack Meth any other illegal drug

Is the patient allergic to any of the following? Please  any that apply:  
 Novocaine  Pentothal  Penicillin  Sulfa Drugs  Aspirin  Phenergan  
 Codeine  Lortab  Demerol  Percocet  Latex  Ibuprofen  
 Eggs

List any other drug/food allergies the patient has: \_\_\_\_\_

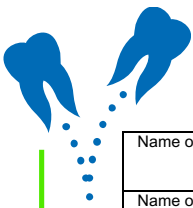
Has the patient suffered from or experienced any of the following? Please  any that apply:  
 Anemia  Emphysema  Hemophilia  Sinus Difficulty  
 Arthritis  Excessive Bleeding  Hepatitis  Sleep Apnea/Snoring  
 Asthma  Glaucoma  High Blood Pressure  Stroke  
 Cancer  Heart Defect  Jaundice  Tuberculosis  
 Chest Pain  Heart Disease  Nephritis  Osteoporosis  
 Chronic Cough  Heart Murmur  Rheumatic Fever  
 Diabetes  HIV / AIDS  Seizures

Has the patient had a recent cold? Yes No

Is the patient pregnant (Women only)? Yes No

Does the patient smoke? Yes No  
If yes, how many cigarettes per day? \_\_\_\_\_

(CONTINUED ON BACK)



Name of Patient's Dentist:	Office Located in What City:
Name of Patient's Physician:	Office Located in What City:

Do you have braces?  Yes  No  
If yes, Who is your Orthodontist: \_\_\_\_\_

How did you hear about us? Please  any that apply:

- |   |                                     |                                    |  |
|---|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Valpak (Blue Envelope)                           | <input type="checkbox"/> UTA Bus Ad | <input type="checkbox"/> Billboard | <input type="checkbox"/> Friend / Family |
| <input type="checkbox"/> Internet/Google                                  | <input type="checkbox"/> Radio      | <input type="checkbox"/> TV        | <input type="checkbox"/> Facebook        |
| <input type="checkbox"/> Dentist Referral (if yes, Dentist's name): _____ |                                     |                                    |  |
| <input type="checkbox"/> Other: _____                                     |                                     |                                    |  |

**THE FOLLOWING SHOULD BE FILLED OUT BY THE INDIVIDUAL RESPONSIBLE FOR ACCOMPANYING THE PATIENT HOME TODAY**

First Name:		Last:	
Street Address:			
City:	State:	Zip	
Home Phone:		Cell Phone:	
Age:	Relation to Patient:		

**I confirm that all above information is a complete, accurate and honest representation of the patient's information and health history.**

Patient or Guardian Name:	Date:
Signature: X	

<b>FOR OFFICE USE ONLY:</b>		
<input type="checkbox"/> Highlights	<input type="checkbox"/> Insurance / Medicaid / Payment	<input type="checkbox"/> Consent
<input type="checkbox"/> Referral	<input type="checkbox"/> Dr. Letter	<input type="checkbox"/> Insurance info verified



# Informational Informed Consent

## Oral Surgery and Dental Extractions

I UNDERSTAND that ORAL SURGERY and/or DENTAL EXTRACTIONS include possible inherent risks such as, but not limited to the following:

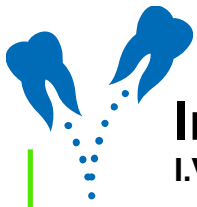
- Injury to the nerves** of the lips, the tongue, the tissues in the floor of the mouth, and/or the cheeks, etc. These possible nerve injuries can cause numbness, tingling, burning, and loss of taste in the case of the tongue which may be of a temporary nature lasting a few days, a few weeks, a few months, or could possibly be permanent
- Bleeding and/or bruising:** Bleeding could last for several hours. Should it persist, particularly being severe in nature, it should receive attention and this office must be contacted. Bruising may possibly be prolonged.
- Dry socket** occurs on occasion when teeth are extracted and is a result of a blood clot not forming properly during the healing process. Dry sockets can be extremely painful. Smoking, drinking liquids through a straw and not following post-operative recommendations can increase the chances of this complication.
- Sinus involvement:** In some cases, the root tips of upper teeth lie in close apposition to the tissues of the sinuses. During extraction or surgical procedures, the thin bone and tissues surrounding the sinus membrane may be perforated. Should this occur, it may be necessary to have the sinus surgically repaired
- Infection:** No matter how carefully surgical sterility is maintained, it is possible, because of the existing non-sterile or infected oral environment, for infections to occur postoperatively. At times these may become serious. Should severe swelling occur, particularly accompanied with fever or malaise, attention as soon as possible should be received and this office must be contacted. In some cases hospitalization and/or treatment with LV. antibiotics may become necessary.
- Fractured jaw, roots or bone fragments:** There is a possibility, even though extreme care is exercised, that the jawbone, teeth roots or bone spicules may be fractured which may require referral to a specialist for treatment. A decision may be made to leave a small piece of root or bone fragment in the jaw when its removal would require extensive surgery and/or risk of complications
- Injury to adjacent teeth, fillings or porcelain crowns** may occur no matter how carefully surgical and/or extraction procedures are performed. Fractured fillings or crowns may require replacement.
- Bacterial endocarditis:** Because of the normal existence of bacteria in the oral cavity, the tissues of the heart in some cases and due to a number of conditions may be susceptible to bacterial infection transmitted from the mouth to the heart through the circulatory system. A condition called bacterial endocarditis (an infection of the heart) may occur which can result in damage to heart valves. If any heart problems are known or suspected (such as a heart murmur following rheumatic fever, existence of an artificial heart valve, cardiac damage following PhenFen use, etc.), the dentist must be informed prior to surgery.
- Muscle or jaw soreness** may be noticed following oral surgery and especially third molar extractions. Pre-existing conditions affecting the jaw joints (TMJ) may be aggravated by oral surgery. Clicking, popping, muscle soreness and difficulty opening may be noticed for some time following surgery. If such symptoms or conditions persist, the patient should call our office. The patient must notify the dentist of any such pre-existing conditions prior to surgery.
- Unusual reactions to medications given or prescribed:** Reactions, either mild or severe, may possibly occur from anesthetics or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. Women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period.
- Bisphosphonate Drug Risks:** For patients who have taken drugs such as Fosarnax, Actonel, Boniva or any other drug prescribed to decrease the resorption of bone as in osteoporosis, or for treatment of metastatic bone cancer, there is an increased risk of osteonecrosis or failure of bone to heal properly following any oral surgical procedure involving bone, including extractions.

**12. It is my responsibility to contact the dentist and seek attention should any undue circumstances occur postoperatively and I shall diligently follow any preoperative and postoperative instructions given me.**

**13. I UNDERSTAND THAT DR. HENDRICKSON IS A CERTIFIED GENERAL DENTIST LICENSED TO PERFORM ORAL SURGERY AND THIRD MOLAR REMOVAL. I ALSO UNDERSTAND THAT HE IS NOT AN ORAL AND MAXILLOFACIAL SURGEON. I CHOOSE NOT TO BE REFERRED TO AN ORAL AND MAXILLOFACIAL SURGEON FOR THIS PROCEDURE.**

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of surgical treatment and/or extraction of teeth and have received answers to my satisfaction. I have been given the option of seeking care with an oral and maxillofacial surgeon. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Hendrickson and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

_____	<b>X</b>	_____
Patient's Name (Please Print)	Signature of patient, legal guardian or authorized representative	Date
_____	_____	_____
Witness to Signature		Date



# Informational Informed Consent

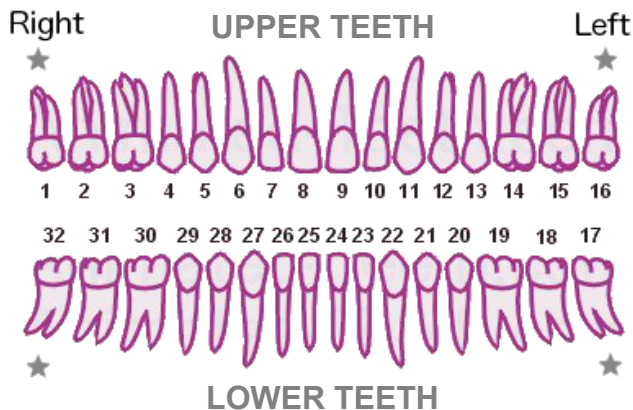
## I.V. Sedation/Anesthesia

**I UNDERSTAND** that undergoing **ANESTHESIA/I.V. SEDATION** includes possible inherent risks such as, but not limited to the following:

1. **COMPLICATIONS OF THE DRUGS AND ANESTHESIA**, which include but are not limited to: tenderness, bruising, nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack.
2. **BRUISING OR TENDERNESS OF THE I.V. INDUCTION SITE** may occur. Some sedative agents may cause a burning or itching sensation in the wrist or arm during induction. Edema may be caused when excess I.V. fluid enters surrounding tissues and may take several days to resolve. Sometimes phlebitis (inflammation of the venipuncture site) may require additional treatment. Tenderness/edema can be treated with warm moist heat applied to the site.
3. **NEED FOR LIMITATION OF FOOD OR DRINK.** I understand that the patient must refrain from any food or drink 5 hours prior to their appointment. Further instructions may be given by the dentist or anesthetist or anesthesiologist depending on the procedures to be performed and other factors.
4. **CHANGES IN HEALTH ARE IMPORTANT**, including fevers or "common colds." I am expected to convey this information to the dentist prior to a planned appointment when sedation/anesthesia are involved.
5. **A RESPONSIBLE ADULT MUST ACCOMPANY THE PATIENT AT THE TIME OF DISCHARGE**, and I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing I.V. sedation/anesthesia.
6. **WOMEN:** Anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, and I accept full responsibility for informing the dentist or attending anesthesiologist or anesthetist of a suspected or confirmed pregnancy.

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of I.V. sedation/anesthesia and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death which may be associated with any phase of receiving I.V. sedation/anesthesia in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Hendrickson and Michael Call, CRNA and/or their associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications, for my own benefit or the benefit of my minor child or ward. I understand that the attending anesthesiologist or anesthetist may request that I sign an additional informed consent generated by their office.

	<u>X</u>	
Patient's Name (Please Print)	Signature of patient, legal guardian or authorized representative	Date
	Witness to Signature	
		Date

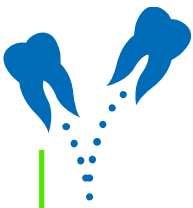


Please circle the teeth you are planning to have removed on the image to the left. The Wisdom Teeth are marked with a STAR. Right and Left are indicated. IF YOU ARE NOT SURE, PLEASE ASK FOR ASSISTANCE AT THE FRONT DESK.

←

X

Signature of patient, legal guardian or authorized representative



# Instructions following Wisdom Teeth Removal

## Home Care

1. **Bite on gauze firmly for about 2 hours**, changing every 20 minutes or when gauze becomes damp. The main bleeding will usually last 1-4 hours, but don't be alarmed if oozing continues. You can expect slight oozing for up to 24 - 48 hours. When resting, keep your head slightly elevated using two pillows. Lying down flat or trying to get up too soon will cause more bleeding, swelling and light-headedness.
2. **Apply ice packs to areas of surgery for the first 48 – 72 hours following surgery.** On the third to fifth days following surgery, apply heat to the swollen areas as often and as long as possible until swelling disappears. Either moist or dry heat will help. A heating pad set to low is preferable to rice bags or other heating devices.
3. **Do not rinse the mouth for 24 hours.** After 24 hours you may start rinsing with warm salt-water rinses (1 teaspoon salt to 1 cup of water). Use lukewarm water. Rinse several times a day as necessary until healing is complete. **DO NOT SWISH!** Fill your mouth with water and turn your head from side to side. Allow the water to fall into the sink – do not spit aggressively. (Follow this procedure for the first seven days). Do your best to brush your teeth. It will be uncomfortable for about one week.

If you must rinse during the first 24 hours, please do so gently and rarely.

4. **For 48 hours following surgery, A LIQUID DIET IS BEST. Focus on eating foods that do not require chewing and do not use a straw.** After day 1, be sure to rinse *gently* after each meal (as directed in #3). Gradually return to a normal diet by day seven. Soft foods packed into the tooth socket will cause pain and infection.

### Try to eat foods like these during the first 48 hours after surgery:

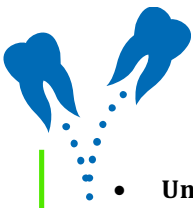
Smoothies (w/o seeds)	Mashed Potatoes	Instant Breakfast
Liquid Nutrition Drinks	Soup	Cream Soups
Yogurt	Apple Sauce	Broth
Pudding	Popsicles	<del>Baby Food</del>
Jell-O	Ice Cream	Water

5. **Pick up the prescriptions on your way home or as soon as possible.** Take the tablets with food. Follow instructions outline on handout titled *Instructions for Using Medications*.
6. **Your stitches will dissolve and fall out on their own in 1 – 4 days.** If they fall out sooner, this is fine. Please don't worry. If they are still in place after one week, try rinsing vigorously for a few seconds. If the stitches will not come out, please call our office for a removal appointment.

## Solutions for common problems following surgery

In case of extreme pain, uncontrollable bleeding, or any unusual disturbances, please call our emergency number. However, some of the most common postoperative problems can be easily dealt with at home.

- **Bleeding will not stop**...See #1 above. Be sure that gauze, towels, or something absorbent is placed over the surgical site and bite down firmly. Maintain for 10 -15 minutes, change gauze and repeat. A washrag soaked in ice water and rung out can be very effective.



- **Uncontrolled pain...**Wisdom Tooth Removal is a complex surgery involving skin, muscle, bone and nerves. Postoperative pain and discomfort are normal and part of recovery. Here are some suggestions for relieving pain.
  - ✓ Your pain medication will help relieve post-operative pain. *Use it as directed.* Please take your pain medications as indicated and get plenty of rest.
  - ✓ Use the provided schedule to make sure you take your medications *on time.*
  - ✓ Always wake up or have someone wake you to take your medication *on time.*
  - ✓ During the first three days after surgery, ice packs placed on the cheeks can help with post-op pain.
- **Vomiting...**Unfortunately, vomiting can be a side effect of oral surgery, IV anesthesia and post-operative pain medication. However, it does very little to harm the surgical site. Vomiting will normally cause the sockets to begin to bleed. Gently rinse your mouth and place gauze packs over surgical sites and bite down. Refer to #1 on the opposite side of this page.

## Dry Socket

Dry Socket is a common problem following wisdom teeth removal. Although it can happen with any tooth extraction, it is commonly seen after removal of lower wisdom teeth. The problem arises because the normal blood clot that first forms in the extraction socket is subsequently lost, leaving the socket empty or “dry.” Exposed nerve endings inside the socket can cause pain felt in the jaws, the adjacent teeth, the ear (earache), and/or the temple (headache).

To avoid dry socket, please remember the following:

- ✓ NO SMOKING FOR 5-7 DAYS. Smoking will cause dry socket nearly 100% of the time.
- ✓ LIQUID DIET. Please follow the recommendation given in #4 on the other side of this page.
- ✓ TAKE PAIN MEDICATION AS INDICATED.
- ✓ NO INTENSE PHYSICAL ACTIVITY FOR 5-7 DAYS.

Pain that increases three days after tooth extraction and that typically becomes severe, unrelenting and non-responsive to Ibuprofen and Tylenol is the best sign of dry socket. If you experience this type of pain, **call our After Surgical Care Number (801) 372-1416. If no one answers, please leave a voice or text message.**

## Syringe Directions

To help prevent dry socket, start use after 48 hours. Gently clean out bottom holes only. Repeat three times daily or once after each meal. Use regular warm tap water. Do not over rinse. Continue until holes have closed.

## Infection or Swelling after 7 days

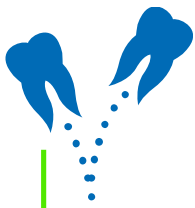
Swelling or pain around the extraction site that begins between 10 days after surgery and 12 months after surgery is not uncommon. **Call our After Surgical Care Number immediately** if swelling, pus or pain returns at any time in the next 12 months. Treatment will be completed in our office at no additional charge to you.

## After Hours Assistance

This is not an emergency number. If you are concerned about the immediate health of the person you are caring for, please call 911 or take them to the emergency room. This number is answered by assistants in our office as a courtesy to our patients to help clarify instructions. If no one answers, please leave a detailed message including the patient’s name, date of surgery and your question. You may also send text messages to this number. Please be courteous and your call will be returned at the earliest convenience of the staff member responding. Do not expect calls to be returned after 10pm or before 9am. PLEASE READ THE INSTRUCTION SHEET AGAIN.

The number is : **(801) 372-1416**

Witness Name:	Date:
Signature:	

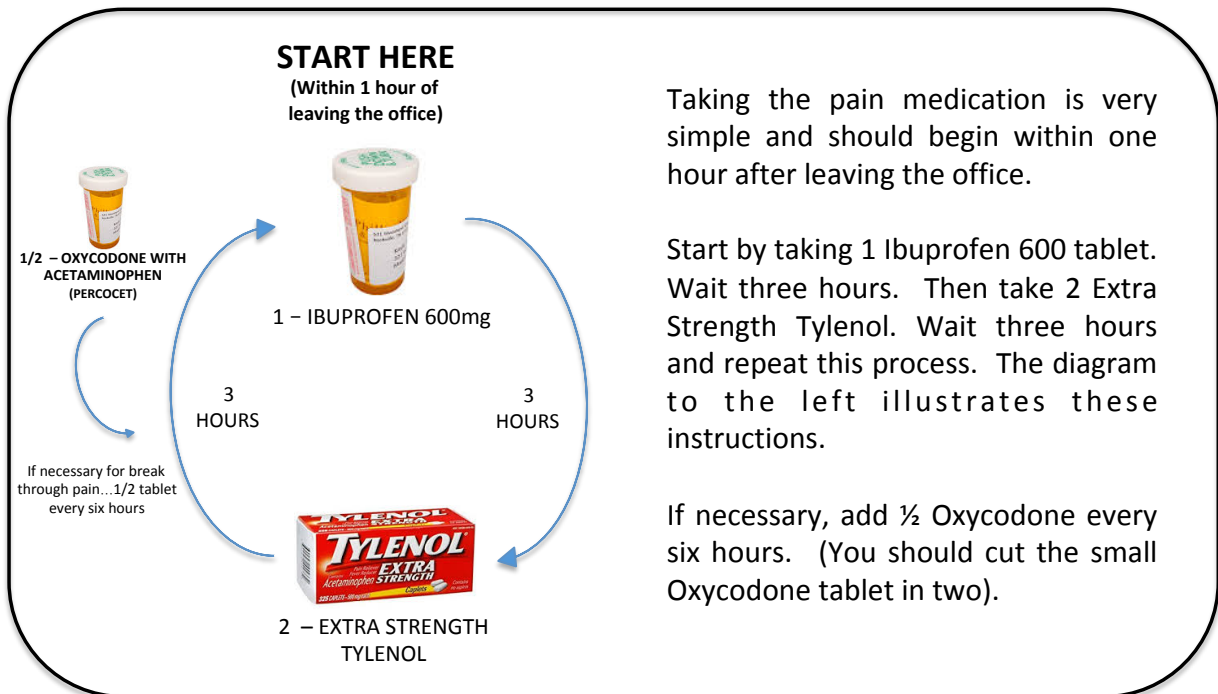


# Instructions for Taking Medications after Surgery

Ibuprofen / Extra Strength Tylenol / Oxycodone

## PAIN MEDICATION

- ✓ You will receive a written prescription for Ibuprofen 600mg and Oxycodone w/ Acetaminophen



- ✓ You will need to purchase Extra Strength Tylenol over the counter
- ✓ Most patients WILL NOT REQUIRE OXYCODONE. IF YOU DO, MAKE AN EFFORT TO stop taking the Oxycodone by the beginning of day 3. When you stop taking the Oxycodone, continue to take the Ibuprofen 600 mg. and Extra Strength Tylenol for as long as necessary (Often up to 15 days following surgery).

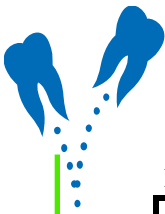
## ANTIBIOTIC

- ✓ Begin taking the antibiotic the morning after the surgery. Take your antibiotics as indicated on the bottle. **Do not stop taking pills until all antibiotics are gone.**

## ANTI-NAUSEA (Zofran/Odansetron)

- ✓ Take as directed on the bottle, as needed.

Witness Name:	Date:
Signature:	



# Pain Medication Schedule

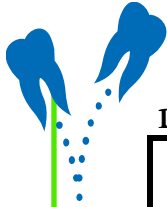
DAY 1

MORNING	12:00 AM	
	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 AM	
	9:00 AM	
	10:00 AM	
11:00 AM		
AFTERNOON	12:00 PM	
	1:00 PM	
	2:00 PM	
	3:00 PM	
	4:00 PM	
	5:00 PM	
6:00 PM		
NIGHTTIME	7:00 PM	
	8:00 PM	
	9:00 PM	
	10:00 PM	
	11:00 PM	

DAY 2

MORNING	12:00 AM	
	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 AM	
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11:00 AM		
AFTERNOON	12:00 PM	
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	4:00 PM	
	5:00 PM	
6:00 PM		
NIGHTTIME	7:00 PM	
	8:00 PM	
	9:00 PM	
	10:00 PM	
	11:00 PM	





# Pain Medication Schedule

DAY 3

MORNING	12:00 AM	
	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 AM	
	9:00 AM	
	10:00 AM	
11:00 AM		
AFTERNOON	12:00 PM	
	1:00 PM	
	2:00 PM	
	3:00 PM	
	4:00 PM	
	5:00 PM	
6:00 PM		
NIGHTTIME	7:00 PM	
	8:00 PM	
	9:00 PM	
	10:00 PM	
	11:00 PM	

DAY 4

MORNING	12:00 AM	
	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 AM	
	9:00 AM	
	10:00 AM	
11:00 AM		
AFTERNOON	12:00 PM	
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NIGHTTIME	7:00 PM	
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