



## SEDATION STATION®

Upward Smiles® Main Line: 1-855-944-KIDS (5437)

Sedation Station Direct Line: 636-489-3393

Fax: 1-855-944-5438

### Quick facts about deep sedation at Upward Smiles:

- Deep sedation is provided by Premier Dental Anesthesiology's Board Certified Anesthesiologists in our dental office for your convenience
- If you are not comfortable with deep sedation dentistry or you have any questions, feel free to contact us. Our goal is for you to be satisfied with every aspect of your child's care
- This procedure must be pre-authorized by your insurance carrier, which can delay our availability to schedule your child for treatment
- Due to the delay in authorization, it is imperative that you keep our office aware of updated contact information for you.
- We recommend bringing an additional adult to care for your child while you are driving home after the procedure, just in case the child becomes sick or requires comfort.

### Weeks prior to your child's sedation appointment:

- We will contact you several times to verify health information and review the requirements for the day of procedures. Our anesthesia group will also call you to review this information. If we cannot reach you in the days leading up to the appointment, we will remove the appointment from our schedule.
- Notify us if your child becomes ill prior to the appointment, as that is very important information.
- Have your child's physician complete the dental/physical clearance form as soon as possible and return it to our office to make sure your child healthy enough to go under general anesthesia.

### Day of your child's sedation appointment:

- **The day of treatment, your child cannot have ANYTHING to eat or drink whatsoever after midnight the evening before until the operation is complete. This is for the safety of your child and is required. \*\*NOT A SIP OF WATER OR BITE OF ANYTHING\*\***
- You will be given an arrival time for the procedure. This is the time in which you should arrive at the office, NOT the time your child will be brought back for treatment. Sedation days are comparable to a hospital setting, there may be a significant wait time.
- The anesthesia group will administer a "kiddie cocktail" if you wish, which alleviates anxiety prior to the procedure. The child is then brought back to the treatment room to begin anesthesia.
- Anesthesia is started by breathing anesthetic agents through our "balloon". After a few breaths, the child is unconscious, allowing us to insert the IV without their knowledge. This removes any traumatic situation that some children have with injections.
- Once sedated, our dentists will take new x-rays, perform a new examination, review your child's treatment plan, consult with you, and complete all necessary treatment in that one visit
- The IV is removed before the patient is awake, and the patient is brought to the recovery room where you will be waiting.
- PLEASE CALL our office if you have ANY questions or concerns



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PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CURRENT MEDS: \_\_\_\_\_ MEDICAL HISTORY: \_\_\_\_\_

**PHYSICAL EXAM completed by (Print Name):** \_\_\_\_\_

PHYSICAL EXAM & CLEARANCE for dental surgery under general anesthesia	Please check appropriate block and comment on all abnormal findings		Date Completed:  ____/____/____
Review of Systems	Normal	Abnormal	Comments
Head, Face, Neck & Scalp			Please list any other health concerns:
Sleep Apnea			
Ears, Nose, and Throat			
Diabetes			
Abnormal Bleeding/ Disorders			
Eyes: General			
ADHD / ADD			
Asthma			
Disabilities/Special Needs			
Lungs & Chest			
Down Syndrome			
Heart			
Vascular System			
Abdomen			
Endocrine System			
Seizure Disorders			
Upper & Lower Extremities			
Bone Disorder			
Spine & other Musculo-Skeletal			
Skin			
Neurologic			
Psychiatric			
Autism			

Patient is medically cleared to receive IN OFFICE dental treatment under general anesthesia administered by an Anesthesiologist from Premier Dental Anesthesiology/Western Anesthesiology:  Yes  No

Please list any other concerns: \_\_\_\_\_

Doctor Signature & Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE EMAIL OR FAX COMPLETED FORM TO: **UPWARD SMILES, INC.** at [sedation@upwardsmiles.com](mailto:sedation@upwardsmiles.com)  
or 1-855-944-5438