

Preanesthetic Questionnaire:

Patient's Name: _____ Birthdate: _____
 Address: _____ Phone# _____
 Name of Responsible Adult _____ Phone# _____
 Date of Procedure _____ Time _____ at Dr. _____'s office for the following
 dental procedure _____ under general anesthesia performed by
 Dr. Fabien Charbonneau or Dr. Rakesh Bhandari.

Patient Questions:

Do you have any medical problems? _____
 What medications do you take? _____

Do you have any allergies to medications? _____
 Have you had a previous anesthetic? Yes _____ No _____
 Have you had a reaction to an anaesthetic? Yes _____ No _____
 If yes, please describe _____

Please circle any of the following health problems you have had:
 Heart Trouble High Blood Pressure Lung Trouble Jaundice Diabetes
 Liver Disease Kidney Disease Arthritis Asthma Bleeding Trouble
 Do you smoke? Yes _____ No _____
 Do you drink alcohol? Yes _____ No _____ How much? _____
 Do you have a cold at the present time? Yes _____ No _____
 Are you pregnant? Yes _____ No _____

Doctor's Section:

The patient is required to have an examination by a medical doctor prior to a general anaesthetic.

Weight _____ Height _____ B.P. _____ Pulse _____ Temperature _____
 Head and Neck _____
 Respiratory _____ Circulatory _____
 Cardiovascular _____ Hepatic _____
 Renal _____ Neurological _____ Other _____

Please prescribe prophylactic antibiotics if indicated for this patient.

_____ M.D. Phone _____

Date _____

Before Your Appointment

01. You must arrange to have someone drive you home at the end of your appointment and assist you to your door.
02. Do NOT eat any food after midnight the night before your appointment. You may have clear fluids (water, clear juices, soft drinks, tea, coffee without cream) up to 4 hours before your appointment is scheduled. It is essential that the stomach is empty at the time of the appointment.
03. The only exception to the above instruction applies if you take medications on a regular basis. Unless advised otherwise, you must take your usual medications at the regularly scheduled time with a sip of water.
04. If you have been told that you require antibiotics prior to your dentistry, you should get a prescription for it from your doctor or dentist and take them one hour prior to your appointment with a sip of water.
05. Do NOT wear contact lenses, any facial make-up, nail polish or jewellery. Wear comfortable, casual and loose-fitting clothing.
06. Please empty your bladder just before your appointment.
07. Your appointment time is reserved with a specialist, general dentist and a registered nurse, therefore we require a minimum of 2 weeks notice for any cancellations.

Following Your Appointment

01. Do NOT drive a car or operate machinery for at least 18 hours. You may be drowsy for the remainder of the day and should be recovering at home in the care of a responsible adult until you are fully alert.
02. Nausea (and vomiting) may occur after this type of procedure. Try to take liquids as soon as you feel ready. If liquids are tolerated, proceed with solid food in moderation.
03. Do NOT drink any alcoholic beverages for at least 18 hours.
04. Soreness and possibly a bruise around the site of the intravenous needle is expected. Swelling, red or blue coloration and/or pain far above the needle site may occur; however, this should be brought to our attention as soon as possible.
05. In the case of an emergency, call your dentist or go directly to the nearest hospital.
06. Payment for the anaesthetic must be made on the day of surgery by CASH, DIRECT PAYMENT, VISA, MASTERCARD or AMERICAN EXPRESS.

I have read and understood these instructions:

Signed: _____ Date: _____