# **PATIENT DETAILS**

Surname		
Given Names		
Sex - Male  Female  Sinary	DOB	Age
Address		
State	Postcode	e
PhoneNo. (H)		
Country of Birth		
Known Allergies / Alerts		
Person to Contact		
Relationship		
Phone No.		
The Person who is escorting you hom	e:	
Name:		
(Only if different to	o above)	
Contact No. on the Day		

I require a medical certificate:	Yes
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I require a carers certificate in the name of:

If you are unable to keep your appointment, or have any questions, please call the Essendon Day Procedure Centre as soon as possible on (03) 9326 2666.

No

OFFICE HOURS 8.00AM to 5.00PM Monday to Friday GW 0411 489 777 AC 0417 559 887 24

Essendon	DAY
PROCEDURE	ENTRE

### ORAL AND MAXILLOFACIAL SURGERY

665 Mt Alexander Road Moonee Ponds 3039 Telephone: (03) 9326 2666 • Facsimile: (03) 9326 1666 info@essendondpc.com.au • www.essendondpc.com.au



## **ADMISSION INFORMATION FORM**

Procedures at Essendon Day Procedure Centre are carried out under a local anaesthetic with or without sedation. The procedure is performed by your surgeon and assisted by trained nursing staff. A specialist anaesthetist will provide anaesthetic services for patients having sedation.

Your surgeon and facility fee is required to be paid in full when you arrive. We accept cash and eftpos payment. Your anaesthetist's fee must be paid prior to admission if you are having sedation anaesthetic.

# **YOUR APPOINTMENT:**

OFFICE USE

NAME

D.O.B

BAND

CONSENT

FUND

CARER

FASTED

ALERTS

ALLERGY

XRAYS

ACHR

DISCHARGE INSTRUCTIONS

ADDRESS

Surgeon	l
Anaesthetist	F
Procedure	E
Date Time	Ur
Please arrive 5 minutes prior to your appointment time.	

Altor of Value Altor			Dean Street	
PARKING Mt Alexander Road		BUS & TRAM	ci V	
Entrance to Moonee Parking ESSENDON DAY PROCEDURE CENTRE KMART	Hall Street		Puckle Street	

**FASTING TIMES:** 6 HOURS BEFORE SEDATION ANAESTHETIC NO FASTING IS REQUIRED FOR LOCAL ANAESTHETIC

# **PATIENT INSTRUCTIONS**

- 1. Please complete and bring this form with you to Essendon Day Procedure Centre.
- 2. Wear loose short sleeve shirt / t-shirt underneath comfortable clothing and sensible shoes.

#### **Sedation patients**

- 3. Do not bring valuables which could be mislaid.
- 4. Do not wear lipstick, make-up, jewellery or body piercings. All nail polish, acrylics and shellac should be removed as they may interfere with our ability to monitor you effectively during your treatment.
- 5. You will not be able to drive a car after the surgery. Please arrange for a responsible adult to escort you from the surgery and drive you home or accompany you in a taxi.
- 6. You must have a responsible adult to stay with you in the first 12-24 hrs. after sedation anaesthetic. Discharge medication may be prescribed for you. Your surgeon may arrange a follow up appointment.

The EDPC has agreements with most health funds for patients with hospital insurance. Our staff will complete a health fund check and advise you prior to surgery of any co-payments or excesses you may need to pay. If you do not have private health insurance, a quote will be provided for you. This fee needs to be paid on admission.

## SURGEON'S POST PROCEDURE INSTRUCTIONS

All patients will receive

- (i) Post Operative Instructions
- (ii) Surgeons Contact Telephone Numbers
- (iii) Work / Carer Certificates upon request
- (iv) Appropriate Prescriptions

## **CONSENT FOR PROCEDURE AND ADMINISTRATION OF ANAESTHETIC**

### This section must be completed

I hereby request the following
procedureon
to be performed under local anaesthetic/sedation. The nature and effect
of the above procedure has been explained to me by
I also consent to such further or operative procedures as may be
found necessary to be performed during the course of the operation in
conjunction with the above stated operation(s). I consent to the
administration of such anaesthetics as may be considered by the
anaethetist to be necessary or advisable.
Signature of patient or guardian
Relationship to patient
Witness signature
Dated this day of
DOCTODS CONFIDMATION

# **DOCTORS CONFIRMATION**

I.....(Name of Doctor) have explained to the patient/person legally responsible for the patient, the nature of the above procedure and the anaesthetics involved. In my opinion he/she has understood the explanation.

Signature of Doctor		
Dated this	day of	20