

## PATIENT DETAILS

Surname ..... Title .....

Given Names .....

Sex - Male  Female  Non Binary  DOB ..... Age .....

Address .....

..... State ..... Postcode .....

PhoneNo. (H) .....

Country of Birth ..... Marital Status .....

Known Allergies / Alerts .....

.....

Person to Contact .....

Relationship .....

Phone No. ....

The Person who is escorting you home:

Name: .....

(Only if different to above)

Contact No. on the Day .....

I require a medical certificate:    Yes    No

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.

OFFICE HOURS 8.00AM to 5.00PM Monday to Friday

GW 0411 489 777

AC 0417 559 887

## OFFICE USE

NAME

D.O.B

GENDER AT BIRTH M / F

ADDRESS

BAND

CHANGES TO MEDICAL HISTORY

CHANGES TO MEDICATIONS

CONSENT

FUND

CARER

FASTED

ALERTS

ALLERGY

XRAYS

ACHR

DISCHARGE INSTRUCTIONS

WHAT MATTERS MOST TO YOU TODAY?

.....

.....

.....

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# ESSENDON DAY PROCEDURE CENTRE

## ORAL AND MAXILLOFACIAL SURGERY

665 Mt Alexander Road Moonee Ponds 3039

Telephone: (03) 9326 2666 • Facsimile: (03) 9326 1666

info@essendonpc.com.au • www.essendonpc.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:

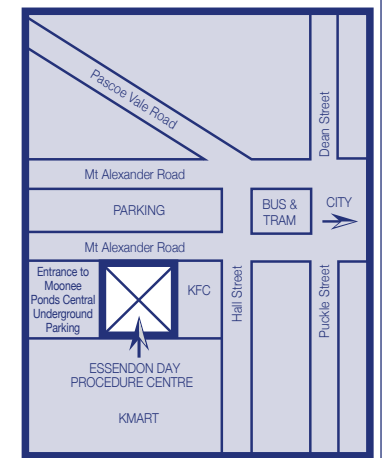
Surgeon .....

Anaesthetist .....

Procedure .....

Date ..... Time .....

Please arrive 5 minutes prior to your appointment time.



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

## **PATIENT INSTRUCTIONS**

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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**

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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**

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### **This section must be completed**

I..... hereby request the following procedure..... on ..... 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 anaesthetist to be necessary or advisable.

Signature of patient or guardian .....

Relationship to patient.....

Witness signature.....

Dated this ..... day of ..... 20.....

## **DOCTORS CONFIRMATION**

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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.....