

PLATEAU ORAL & FACIAL SURGERY

We believe in the saying that, "Any surgical procedure done on yourself is considered major." Thank you for the opportunity to take care of you.

Welcome to our office. You are likely here or have been referred here because you, or another healthcare provider, usually a general dentist, feels you needed specialty level care. The latter is much like when your primary doctor refers you to an orthopedic surgeon or a cardiologist. We are here to help you through your treatment in the best way we know based upon many years of training and experience. We understand you probably would rather be somewhere else. We are told all the time, "Thanks you did a great job, and no offense, but I hope I don't see you guys anytime soon!" ***Although we know you may be anxious or in pain, we expect you treat us with the same common courtesy that you expect from us. We are not perfect, but we assure you we are doing the best we can sometimes in difficult situations.*** Initial ____

Your consultation, which is always necessary, consists of filling out your medical history, possible taking and/or reviewing an x-ray, checking your insurances (if you have them), then reviewing consents and operative instructions, and finally scheduling any procedure and/or follow-up. Seeing the doctor, your examination, and formulating a treatment plan is the most important part of your consultation, but it is not the entirety of it. ***We understand some of the things we ask you to do may feel unnecessary, but these things are all part of the standard of care, and unfortunately, they can't be avoided.*** Initial ____

Any treatment recommendations Dr. Caldemeyer makes are based upon how he feels he can predictably and comfortably carry out your treatment. Cost is certainly considered, but your treatment recommendations are based on how we feel we can give you the best experience and results. Complications do increase when a procedure is attempted if a patient is uncomfortable, unable to stay still, or results in an extended time in surgery. Many procedures can be difficult to predictably and comfortably be carried out with local anesthesia only, and IV anesthesia is often recommended.

Initial ____

REGARDING PRESCRIPTION / NARCOTIC PAIN MEDICINE

Initial ____ PAIN FROM MOST ORAL SURGICAL PROCEDURES IS BEST MANAGED WITH REGULAR OR PRESCRIPTION STRENGTH IBUPROFEN OR TYLENOL. ***PAIN, SWELLING, BRUISING TO SOME EXTENT IS UNAVOIDABLE WITH TREATMENT AND FOLLOWUP. WE WILL USUALLY GIVE YOU THE OPTION FOR A BACKUP NARCOTIC OR OTHER PAIN PRESCRIPTION FOR BREAKTHROUGH PAIN.*** HOWEVER, NARCOTIC PERSCRIPTIONS ARE **VERY RARELY REFILLED** AS THE BEST TREATMENT FOR MANAGING POST ORAL SURGICAL PAIN IS A TOPICAL DRESSING.

Initial ____ IF YOU ARE UNDER PAIN MANAGEMENT AND / OR REGULARLY TAKING NARCOTIC PAIN MEDICINE, WE CAN NOT PRESCRIBE ADDITIONAL NARCOTIC PAIN MEDICINE FOR YOU WITHOUT A NOTE FROM YOU TREATING DOCTOR. EVEN WITH THAT NOTE, ONLY ONE NARCOTIC PERSCRIPTION WILL BE GIVEN. ANY REFILLS WILL HAVE TO BE OBTAINED THROUGH YOU PAIN MANAGEMENT DOCTOR.

Initial ____ **Regarding Other Prescriptions:** *We want you to inform you, if you have Medicare you may have trouble getting your prescriptions covered for your procedure. Whether you have insurance or not though, prescriptions seem to be costly these days. If your insurance doesn't cover prescriptions, we sell most prescriptions for \$10-\$20. We don't recommend any pharmacy over another, but for a reference most prescriptions can be purchased for \$5 without insurance with the exception of Clindamycin (\$54) and Zofran (\$18). We do not sell narcotic pain medicine.*

| | |
|--|---------------|
| _____ Signature of Patient/Guardian Completing Health History | _____ Date |
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Plateau Oral & Facial Surgery- Patient Information

REGARDING PRESCRIPTION / NARCOTIC PAIN MEDICINE – PAIN FROM MOST ORAL SURGICAL PROCEDURES IS BEST MANAGED WITH REGULAR OR PRESCRIPTION STRENGTH IBUPROFEN OR TYLENOL. WE WILL USUALLY GIVE YOU THE OPTION FOR A BACKUP NARCOTIC OR OTHER PAIN PRESCRIPTION FOR BREAKTHROUGH PAIN. HOWEVER, NARCOTIC PERSCRIPTIONS ARE VERY RARELY REFILLED AS THE BEST TREATMENT FOR MANAGING POST ORAL SURGICAL PAIN IS A TOPICAL DRESSING. **IF YOU ARE UNDER PAIN MANAGEMENT AND / OR REGULARLY TAKING NARCOTIC PAIN MEDICINE, WE CAN NOT PRESCRIBE ADDITIONAL NARCOTIC PAIN MEDICINE FOR YOU WITHOUT A NOTE FROM YOU TREATING DOCTOR. AND EVEN WITH THAT NOTE ONLY ONE NARCOTIC PERSCRIPTION WILL BE GIVEN. ANY REFILLS WILL HAVE TO BE OBTAINED THROUGH YOU PAIN MANAGEMENT DOCTOR.**

Regarding Other Prescriptions: We want you to inform you, if you have **Medicare** you may have trouble getting your prescriptions covered for your procedure. Whether you have insurance or not though, prescriptions seem to be costly these days. If your insurance doesn't cover prescriptions, we sell most prescriptions for \$10-\$20. We don't recommend any pharmacy over another, but for a reference most prescriptions can be purchased for \$5 without insurance with the exception of Clindamycin (\$54) and Zofran (\$18).
We do not sell narcotic pain medicine.

| First Name | MI | Last Name | Gender | Date of Birth | Age | Height | Weight | Date |
|--|----|-------------------------------------|--------------------|----------------------------|------------------|---------------------------|------------|------|
| Social Security # : _____ | | Driver's License #: _____ | | Email Address: _____ | | | | |
| Are you Disabled? Y / N | | Do you have a Service Animal? Y / N | | Nick Name: _____ | | | | |
| Street Address: _____ | | | City: _____ | | State: _____ | | Zip: _____ | |
| Cell No.: (_____) _____ | | Home Tel.: (_____) _____ | | Bus. Tel.: (_____) _____ | | Ext: _____ | | |
| Dentist: _____ | | | Referred By: _____ | | Physician: _____ | | | |
| Employed / Retired / Not Occupation: _____ | | | | | | | | |
| Student: Full Time/ Part Time School Name: _____ | | | | | | | | |
| Hobbies / Interests: _____ | | | | | | | | |
| Responsible Guardian for care and account? Relation: ↑Self ↑Spouse ↑Mother ↑Father ↑Other: _____ | | | | | | | | |
| Name: _____ | | Soc. Sec. #: _____ | | Home Tel: (_____) _____ | | Cell No. (_____) _____ | | |
| Street: _____ | | | City: _____ | | State: _____ | | Zip: _____ | |
| Is this your emergency contact? ↑Yes ↑No If no, please list emergency contact here: _____ + | | | | | | | | |
| Relation: _____ | | Name: _____ | | Cell No.: (_____) _____ | | Home Tel: (_____) _____ | | |
| Permit to share HIPAA protected treatment info with: _____ | | | | | | | | |

Acknowledgement of Non participation with Medicare / TriCare Non-Covered Services /Receipt of HIPAA Privacy/ COVID 19 Pandemic Dental Treatment

By signing this contract I understand and agree that I will not submit (or request that my oral and maxillofacial surgeon submit) a claim to Medicare, or its agents for services provided by Cortland S. Caldemeyer DDS, even if such services would otherwise be covered. I agree to be fully responsible, through insurance or otherwise, for payment of services rendered by Cortland S. Caldemeyer DDS, and I understand that no claims will be submitted to Medicare, and no Medicare, reimbursement will be provided for these services. I understand that there are no limits specified by Medicare, as to the amounts that may be charges by the oral and maxillofacial surgeon for services provided. I understand that Medi-gap plans do not, and other health and medical care insurance plans may elect not to, make payments for such services. I understand that I have the right to have services provided by other oral and maxillofacial surgeons, or other practitioners for whom Medicare payment would be made, and that I am not compelled to enter into private contracts that apply to covered care furnished by other health care professionals who have not opted-out. I understand that Cortland. S. Caldemeyer DDS is not excluded from participation in the Medicare program under Section 1128 or the Social Security Act or pursuant to any other legal authority.

I acknowledge that these services are not a benefit of my health coverage under TRICARE and that I will not receive the benefit of the TRICARE Hold Harmless Policy, which otherwise might apply to me. In addition, I acknowledge that if I have obtained services more frequently than authorized by TRICARE policy, I may be responsible for that professional service. I also understand that if authorization for this care has been denied by TRICARE, or if reimbursement is denied upon submittal of a claim, I agree that I will be personally responsible for the payment IN FULL of the billed charges for these services.

I understand this notice will serve as acknowledgement of my non-participation with Medicare, or Tricare non-covered services for all of my visits to Plateau Oral & Facial Surgery. I acknowledge that I have been given access to, and reviewed the HIPAA privacy compliance policy of Plateau Oral & Facial Surgery to my satisfaction. I understand a copy of the policy is available should I request it.

PLATEAU ORAL & FACIAL SURGERY

COVID-19 PANDEMIC ACKNOWLEDGEMENT OF RISK FORM

OUR GOAL IS TO PROVIDE A SAFE ENVIRONMENT FOR OUR PATIENTS AND STAFF, AND TO ADVANCE THE SAFETY OF OUR LOCAL COMMUNITY. THIS DOCUMENT PROVIDES INFORMATION WE ASK YOU TO ACKNOWLEDGE AND UNDERSTAND REGARDING THE COVID-19 VIRUS.

THE COVID-19 VIRUS IS A SERIOUS AND HIGHLY CONTAGIOUS DISEASE. THE WORLD HEALTH ORGANIZATION HAS CLASSIFIED IT AS A PANDEMIC. YOU COULD CONTRACT COVID-19 FROM A VARIETY OF SOURCES. OUR PRACTICE WANTS TO ENSURE YOU ARE AWARE OF THE ADDITIONAL RISKS OF CONTRACTING COVID-19 ASSOCIATED WITH DENTAL CARE.

THE COVID-19 VIRUS HAS A LONG INCUBATION PERIOD. YOU OR YOUR HEALTHCARE PROVIDERS MAY HAVE THE VIRUS AND NOT SHOW SYMPTOMS AND YET STILL BE HIGHLY CONTAGIOUS. DETERMINING WHO IS INFECTED BY COVID-19 IS CHALLENGING AND COMPLICATED DUE TO LIMITED AVAILABILITY FOR VIRUS TESTING.

DUE TO THE FREQUENCY AND TIMING OF VISITS BY OTHER DENTAL PATIENTS, THE CHARACTERISTICS OF THE VIRUS, AND THE CHARACTERISTICS OF DENTAL PROCEDURES, THERE IS AN ELEVATED RISK OF YOU CONTRACTING THE VIRUS SIMPLY BY BEING IN A DENTAL OFFICE.

DENTAL PROCEDURES CREATE WATER SPRAY WHICH IS ONE WAY THE DISEASE IS SPREAD. THE ULTRA-FINE NATURE OF THE WATER SPRAY CAN LINGER IN THE AIR FOR A LONG TIME, ALLOWING FOR TRANSMISSION OF THE COVID-19 VIRUS TO THOSE NEARBY.

YOU CANNOT WEAR A PROTECTIVE MASK OVER YOUR MOUTH TO PREVENT INFECTION DURING TREATMENT AS YOUR HEALTH CARE PROVIDERS NEED ACCESS TO YOUR MOUTH TO RENDER CARE. THIS LEAVES YOU VULNERABLE TO COVID-19 TRANSMISSION WHILE RECEIVING DENTAL TREATMENT.

I CONFIRM THAT I HAVE READ THE NOTICE ABOVE AND UNDERSTAND AND ACCEPT THAT THERE IS AN INCREASED RISK OF CONTRACTING THE COVID-19 VIRUS IN THE DENTAL OFFICE OR WITH DENTAL TREATMENT. I FURTHER CONFIRM I AM SEEKING TREATMENT FOR A CONDITION THAT MEETS THE EMERGENT OR URGENT CRITERIA NOTED ABOVE. I UNDERSTAND AND ACCEPT THE ADDITIONAL RISK OF CONTRACTING COVID-19 FROM CONTACT AT THIS OFFICE. I ALSO ACKNOWLEDGE THAT I COULD CONTRACT THE COVID-19 VIRUS FROM OUTSIDE THIS OFFICE AND UNRELATED TO MY VISIT HERE. I HAVE READ AND UNDERSTAND THE INFORMATION STATED ABOVE.

Health History

Please Circle Any of the Following Which You Currently Have or Have Had

See Attached Sheet

| | | | | | | |
|--|----------------------------------|--|--|--------------------------------------|--|----------------------------|
| Currently Pregnant | Heart Surgery | Chest Pain | Bleeding Tendency | Parkinson's | Cancer Where? | Snore |
| Rheumatic (Scarlet Fever) Heart Disease | Stent | Pneumonia | Gastrointestinal Disease | Seizures | Radiation Where? | Sleep Apnea |
| Congenital Heart Disease | Defibrillator (AICD) / Pacemaker | Shortness of Breath | Ulcers | Convulsions | Chemotherapy / Anti-Metastatic (Spreading) Drugs | Portable Catheter |
| Heart Attack | Pain Pump | Tuberculosis | Colitis | Epilepsy | Difficulty Opening Mouth | Vision Problems |
| Heart Failure | Abnormal Heart Rhythm | Liver Disease | Acid Reflux | Fainting of Dizziness | Pain Near Ear | Glaucoma |
| Heart Murmur | Heart Valve Replacement | Jaundice | Genitourinary Disease | Alzheimer's Disease | Grind of Clench Teeth | Eye Surgery |
| Mitral Valve Prolapse | Shortness of Breath | Hepatitis A / B / C | Endocrine Disease | On a Diet | Sinus or Nasal Problems | Contact Lens |
| Coronary Artery Disease | Lung Disease | Bleeding Disorder | Thyroid Disease | Arthritis | Hay Fever | Venereal Disease |
| Angina | Asthma | Blood Disorder | Diabetes I / II | Rheumatism | Leukemia | Kidney Disease |
| High / Low Blood Pressure | Emphysema | Anemia / Sickle Cell | Herpes | Osteoporosis (Bisphosphonate Use) | HIV / AIDS | Kidney Failure / Dialysis |
| Heart Palpitations | COPD | Blood Transfusion | Cold Sores | Implants Hip / Knee / Other | Transplant / Transplant List? | Chronic Headaches |
| Stroke | Cough | Bruise Easily | Neurologic Condition | Abnormal Swelling | Immunosuppression | Malignant Hyperthermia |
| Antibiotics Taken Before Dental Procedures | Developmental Disorder | Recreational Drug Use Alcohol / Chemical | Bipolar / Schizophrenia / Emotional Disorder | Smoke or Smokeless Tobacco How Much? | Alcohol How Much? | Family Anesthesia Problems |

Do you need to be pre-medicated with antibiotics for dental procedures? **Yes No** Have you ever? **Yes No**
If yes, please explain:

Are you taking or **have you ever taken** Bisphosphonates or anti-angiogenesis medicines for osteoporosis, multiple myeloma or other cancers (Reclast, Fosamax, Actonel, Boniva, Aredia, Zometa) ? **Yes No** If yes, how long?

Do you have any diseases, conditions, or problems not listed above, been hospitalized or had any surgeries? **Yes No**
If yes, please explain:

For Women Only

Are you Pregnant, or **is there any chance** you might be Pregnant? **Yes No** Are you Nursing? **Yes No**

If you are using Oral Contraceptives, it is important that you understand that antibiotics (and some other medications) may interfere with the effectiveness of oral contraceptives. Therefore, you will need to use mechanical forms of birth control for one complete cycle of birth control pills, after the course of antibiotics or other medication is completed. Please consult with your physician for further guidance.

