

Stephen C. Phillips DMD

FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES

Patient Name _____ Date of Birth _____
Date of Appointment _____ Office _____
Anesthesiologist _____ Anesthesia Estimate _____

I accept financial responsibility for payment of the proposed anesthesia services. I understand that the fee for these services is \$490 for the first 30 minutes and \$70 each additional 15 minutes. I understand that the anesthesia estimate is based on the dentist's time to complete the procedure as well as 15 min. anesthesia recovery. The actual fee could be more than the estimate. Full payment is due and payable at the time services are rendered and can be made by cash, check, or credit card (Visa or MasterCard). I understand that failure to pay for services may result in my account being submitted to an attorney or collection agency for collection and agree that I will be responsible for all attorney fees and costs associated.

Many insurance policies DO NOT reimburse for anesthesia services for dental procedures. Please check with your insurance carrier if you have questions regarding your coverage. I do not accept 'Predetermination of Benefits' as payment for services rendered. Payment must be made in full regardless of your insurance benefits.

Patient _____ Date _____

Parent/Guardian _____ Date _____

Dr. Stephen Phillips resides in Westerville, Ohio. He graduated from Sahuaro High School in Tucson in 1998, and attended the University of Arizona graduating with a B.S. in Microbiology in 1992. Dr. Steve furthered his education at Oregon Health Sciences University and received his D.M.D. in 1997. After graduating from dental school, he practiced general dentistry for 5 years in Tucson, Arizona. During his time as a general dentist, he discovered that there was an unmet need for in office sedation services. He decided to further his education in anesthesia by attending The Ohio State University dental anesthesia program, where he received his MS in dental anesthesiology. He graduated in 2004. Upon completion of the anesthesia program he returned to Tucson and has been providing in-office anesthesia services to children, adults, and special needs patients. He returned to the Columbus area in December 2012.

He enjoys spending time with his wife Tonya (who is a general dentist in Galion) and his four boys Alec (21), Jacob (19), Brayden (5), and Gavin (3). In his spare time he likes to play guitar, lacrosse, cycle, and read.

Dr. Stephen C. Phillips DMD, MS

drscpaz@yahoo.com

Cell Phone Number: (614) 805-9512

Your dentist has recommended dental treatment for you to be performed during I.V sedation/general anesthesia with Dr. Stephen Phillips.

In order to better care for you and to maximize safety, Dr. Phillips has arranged a protocol to follow:

I: Dr. Phillips will contact you prior to your scheduled treatment day. Please make sure you have provided us with a good contact number for him to reach you.

II: Please arrive 30 minutes before the appointment. Our Doctors and Staff strive to keep appointments on time, but just like with any surgery the appointment time should be considered a guideline. It's not uncommon for one patient's appointment to be longer than anticipated and this could cause a delay in start times for the subsequent patients.

III: If you have a history of asthma, reactive airway disease, recurrent pneumonia, croup, or if you are recovering from an illness please make sure **to contact Dr. Phillips within three or four days before your scheduled appointment.**

IV: **NO anesthetic services will be provided without a phone interview first.**

V: **You will not be able to have any food after midnight the night before the procedure.** You can have clear liquids up to three hours before the appointment time. **NO MILK, ORANGE JUICE, GUM, CANDY ETC.**

VI: There is to be a responsible party at the appointment to drive as well as care for the patient post operatively. Written and verbal post-op instructions will be provided.

If you have any questions or concerns, feel free to contact him directly at the number provided at the top of the page.

Stephen C. Phillips DMD

(614) 805 – 9512

Post – Anesthesia Care Instructions

The purpose of these instructions is to provide you with information and guidelines to follow after the procedure you have just completed. You have received medications that can alter your perception, memory and coordination. Though full recovery is expected within the day of the procedure, you can continue to have effects of these medications for **up to 24 hours**. By following the instructions, it is expected that you will experience an uneventful recovery.

The **MOST** important thing that you can do is to go home and **REST**. Giving your body a chance to recover from the anesthesia is best achieved through resting and planning no activities. If you live alone, it is recommended that you arrange to have someone stay with you for at least 3 hours after you leave the office.

The following categories will address specific issues pertaining to your recovery:

AVOID Any operation of mechanical or electrical machinery or devices. Do not drive for the remainder of the day. Allow at least 12 hours (if not longer) before making any important decisions or signing important documents. Avoid consuming alcoholic beverages or smoking for at least 24 hours. Avoid unaccompanied activities.

ACTIVITY Take your time when moving, using help or assistance as much as possible. As you move from lying to sitting or sitting to standing, move slowly. If you experience any dizziness, lie or sit back down and rest. When climbing stairs, have someone help and assist you.

MEDICATIONS Resume taking any prescribed medication once you are drinking fluids. If you receive prescriptions for the procedure, take those as directed. It may be helpful for you to take an over the counter pain reliever: Tylenol or Motrin as long as you are normally able to take them.

EATING AND DRINKING Liquids may be consumed as soon as possible. Begin with frequent small quantities of clear fluids: water, juice or clear soda. **NO** dairy products at first. Then you should progress slowly from liquids to soups, then to solid foods. Increase your diet as desired depending on how you feel. Take your time increasing your diet to help avoid nausea and possible vomiting.

If you experience any problems not discussed above and you are continuing to have any problems or difficulties, please call the office at the number listed below.

(614) 805 – 9512

Consent for Anesthesia

Patient Name _____

Date of Birth _____ Date of Appointment _____

The following information is provided to inform you of the choices, risks, and benefits involved with having treatment under general anesthesia (this involves sedation – conscious, deep, and general anesthesia – asleep, unconscious).

I (parent/guardian), _____, hereby authorize Stephen C. Phillips to perform the anesthesia procedure as previously explained to me and any other procedure deemed necessary or advisable as an adjunct to the planned anesthetic procedure. I consent to the administration of such anesthetic(s) by any route suitable by the anesthesiologist, who is an independent contractor and consultant. I understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the operation.

I understand that there are potential complications associated with the administration of anesthetic drugs including, but not limited to, pain, phlebitis, numbness, swelling, bleeding, bruising, nausea, vomiting, and allergic reaction. I further understand that complications may require hospitalization and could result in death.

I have been fully advised of the planned anesthetic and accept the potential risks and dangers. I acknowledge that I have had the opportunity to ask questions about my anesthetic and I am satisfied with the information provided to me.

Patient _____ Date _____

Witness _____ Date _____

Dr. Stephen C. Phillips DMD, MS
Pediatric Info Sheet

drscpaz@yahoo.com

Cell Phone Number: (614) 805-9512

Your dentist has recommended dental treatment for your child to be performed during I.V sedation/general anesthesia with Dr. Stephen Phillips.

In order to better care for your child and to maximize safety, Dr. Phillips has arranged a protocol to follow:

I: Dr. Phillips will contact you within 72 hours of your child's scheduled treatment day. Please make sure you have provided us with a good contact number for him to reach you.

II: Please arrive 30 minutes before the appointment. Our Doctors and Staff strive to keep appointments on time, but just like with any surgery the appointment time should be considered a guideline. It's not uncommon for one patient's appointment to be longer than anticipated and this could cause a delay in start times for the subsequent patients.

III: If your child has a history of asthma, reactive airway disease, recurrent pneumonia, croup, or if your child is recovering from or has an active cold please make sure **you contact Dr. Phillips within three or four days before your child's scheduled appointment.**

IV: NO anesthetic services will be provided without a phone interview first.

V: Your child will not be able to have any food after midnight the night before the procedure day. He or She can have clear liquids up to three hours before the appointment time. **DO NOT GIVE MILK, ORANGE JUICE, GUM, CANDY ETC.**

VI: Parents should eat their own breakfast away from their child. You will not be allowed to leave the office premises after the procedure starts, while your child is anesthetized.

VII: There are to be two adults at the appointment with the child. Parent/guardian and another adult that can sit next to the child on the car ride home.

XIII: Bring an extra set of comfortable clothes for your child in the event that there's an "accident".