

Pre-op Information Sheet

Dr. Jason Hwang

Patient Information

Patient Name:

Tx Plan:

Patient Date of Birth:

Patient Phone Number:

Appointment Dates

Consult Date:

PAN Date:

Post-Op Date:

For Sedation Patients

Caregiver Name:

Caregiver Phone Number:

Caregiver Relationship:

Medical History Form (All information is private and confidential)

Dr. Jason Hwang

Name:

Date of Birth:

HT:

WT:

1. Have you ever been hospitalized or had any operations?
☐NO ☐YES If Yes, please list:
2. Have you or your relatives had problems with sedation or anesthesia, including MALIGNANT HYPERTHERMIA?
☐NO ☐YES If Yes, please list:
3. Are you currently taking any medications or nonprescription drugs/supplements?
☐NO ☐YES If Yes, please list:
4. Do you have any drug allergies?
☐NO ☐YES If Yes, please list:
5. Any other allergies (latex, eggs, metal, hay fever):
☐NO ☐YES If Yes, please list:
6. Are you a smoker? If Yes, How many per day?
7. Women: Are you pregnant or nursing?
8. Please indicate if you have history of the following:
☐NO ☐YES Heart problems (ie. Heart Murmur, Angina, Irregular heartbeat)
☐NO ☐YES High/Low blood pressure/stroke
☐NO ☐YES Diabetes or hypoglycemia
☐NO ☐YES Asthma, persistent cough, tuberculosis
☐NO ☐YES Joint replacement surgery
☐NO ☐YES Hepatitis, Jaundice, or Liver problems
☐NO ☐YES Kidney or thyroid disorders
☐NO ☐YES Bleeding disorder or Anemia
☐NO ☐YES Fainting, dizziness, nervous disorders
☐NO ☐YES Epilepsy, seizures, or convulsions
☐NO ☐YES Wear contact lenses
☐NO ☐YES Conditions that could affect your immune system (ie. Aids, HIV, Leukemia)

If you indicated YES to any of the above, please explain:

Patient signature:

Date:

Sedation Consent Form:

Dr. Jason Hwang

1. If your surgery will be performed under IV sedation, DO NOT eat for 8 hours and DO NOT drink for 2 hours prior to your appointment. For minimal sedation, DO NOT eat or drink for 2 hours prior to your appointment. To do otherwise may be life-threatening. However you can take all routine medications as usual but with only a few small sip of water unless directed otherwise by your family physician and/or Dr. Hwang.
2. If your surgery will be performed under IV or Oral sedation, you MUST have someone drive you home.
3. Please inform Dr. Hwang of all routine medications you are currently taking. In some instances, some medications need to be stopped for a few days prior to surgery.
4. If Dr. Hwang prescribes an antibiotic for your surgical treatment, we ask that you start taking it the day of your surgical appointment and to continue with the antibiotic therapy, following prescription instructions, until the course is completed.
5. Dr. Hwang might also prescribe a steroid to reduce post-op inflammation. This medication is typically prescribed for only 3 days and should be started in the morning on the day of the surgery.
6. Please plan to rest at home for the remainder of the day and the following day after your surgical appointment.
7. Ice packs should be applied to the side of the face where surgery was performed for the first 24 hours (20min on and 20min off). Please have ice packs ready at home.
8. Following surgery, do not chew until the freezing wears off. If you are hungry, you should have cold liquids. Protein shakes, Ensure, ice cream and yogurt are good options.

Patient or legal guardian's signature

Date: