

## CANDIDATES FOR DENTAL ANESTHESIA INCLUDE

- ✓ Patient or doctor preference
- ✓ Pre-cooperative and/or fearful children
- ✓ Special needs (physical and mentally disabled) patients
- ✓ Patients with high anxiety/low pain tolerance
- ✓ Patients who gag easily
- ✓ Patients with a history of local anesthetic failure
- ✓ Patients with extensive dental treatment plans

Sedation and/or general anesthesia offers you or your child complete safety and comfort while providing your dentist with excellent working conditions. Together, dental work that typically requires multiple visits can often be completed in one easy appointment.

## APPOINTMENTS AND/OR QUESTIONS

Please contact Dr Huynh (pronounced "hwin") if should you have any further questions.

Phone: (619) 339-1188  
E-mail: [ddsanesthesia@yahoo.com](mailto:ddsanesthesia@yahoo.com)



### ABOUT DR HUYNH

Dr Mai-Phuong Huynh graduated cum laude from the University of California at Los Angeles School of Dentistry. She has completed a comprehensive 2-year anesthesia residency, also at UCLA, and holds a general anesthesia permit. She has experience in providing anesthesia for all settings including the hospital operating room, emergency room, labor and delivery, and ambulatory anesthesia.

Dr Huynh is a Diplomate of both the American Dental Board of Anesthesiology and the National Dental Board of Anesthesiology. She is also a Fellow of the American Dental Society of Anesthesiology, and a proud member of the American Society of Dentist Anesthesiologists, American Dental Society of Anesthesiology, American Dental Association, California Dental Association, and San Diego County Dental Society.

She is additionally certified in Cardiac Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS).

# SLEEP DENTISTRY

## Sedation & General Anesthesia Services



### M.P. Huynh, DDS, FADSA Dentist Anesthesiologist

- *Diplomate, American Dental Board of Anesthesiology*
- *Diplomate, National Dental Board of Anesthesiology*
- *Fellow, American Dental Society of Anesthesiology*

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## IN-OFFICE ANESTHESIA

Advances in anesthesia techniques have made it possible to provide safe, reliable, and economical anesthesia services for children and adults in dental offices.

The safety record of in-office anesthesia administered by an independent dentist anesthesiologist is unsurpassed by any other system of anesthesia delivery.

Dr Huynh provides in-office anesthesia services ranging from specialized local anesthetic techniques and conscious sedation, to deep sedation and general anesthesia.

## ANESTHESIA SERVICES

Dr Huynh will provide the necessary preoperative evaluation, intraoperative management, and postoperative care for you or your child to get their dental work done in the safest and most comfortable way.

Dr Huynh will contact you by telephone to evaluate and prepare you for the anesthesia procedure.

Physical examinations are usually performed the day of the dental appointment.

Postoperatively, patients tend to recover rapidly from anesthesia,

with little to no discomfort. Most can leave the office within 30-45 minutes after completion of the procedure.

## EQUIPMENT

Dr Huynh will provide the necessary anesthesia equipment and medications to turn the dental office into a state-of-the-art surgical center.

- Comprehensive emergency medications and emergency equipment
- Non-invasive blood pressure monitor
- Pulse oximetry to measure the oxygen saturation
- Electrocardiogram to monitor the heart rate and rhythm
- Precordial stethoscope to assess breathing and heart sounds
- Capnograph to monitor end-tidal carbon dioxide levels and respiratory rate

## BILLING

The cost of in-office anesthesia is typically much lower than the costs for anesthesia care in the hospital or surgical center.

Fees will vary depending on the time duration of the dental treatment.

Your dentist will provide you with a time estimate of your procedure. Cash, Visa, MasterCard, Discover and American Express are all accepted, and full payment is expected on the day of treatment. Dr Huynh will supply you with a "superbill" following the appointment, which you can send directly to your insurance carriers to obtain maximum allowable reimbursement.

## GENERAL PRE- AND POST-ANESTHESIA INSTRUCTIONS

The following are general pre- and post-anesthesia instructions.

Dr Huynh may modify them to meet specific needs.

### *Preoperative:*

- Fasting: No solid food or milk for 8 hours; no clear liquids for 2 hours before the appointment
- Medications: Take your normal medications with a small sip of water unless otherwise directed by Dr Huynh

### *Postoperative:*

- Feeding: Start with clear liquids and soft foods
- Transportation: A responsible adult driver is required for the ride home

Mai-Phuong Huynh, DDS  
Anesthesia for Dentistry

**FINANCIAL AGREEMENT FOR ANESTHESIA SERVICES**

Patient Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Your dentist has **ESTIMATED** his/her treatment time to be: \_\_\_\_\_

Anesthesia time is approximately treatment time plus 30 minutes: \_\_\_\_\_

Anesthesia fees are: \_\_\_\_\_

\$550 for the first Hour Plus

\$75 for every 15 minutes thereafter (or portion thereof)

Anesthesia Fee Estimate (**\$550 minimum**) \$ \_\_\_\_\_

The anesthesia fee estimate is based upon the dentist's estimated operating time, which will vary with the surgical complexity, anesthesia preparatory time and the Patient's individual response to the anesthetic agents used.

*Payment for anesthesia services is due the day of treatment.* Special arrangements for payment other than payment in full the day of surgery must be made **BEFORE** the day of surgery. If the anesthesia time exceeds the estimate, the Patient/Parent/Guardian will be responsible for the additional charges. If the anesthesia time is less than the estimate, the Patient/Parent/Guardian will receive a prorated refund.

*It is important that reimbursement for the anesthesia fee by dental or medical insurance programs NOT be assumed.* Many insurance policies do not pay for anesthesia services for dentistry. Please check with your insurance company representative as to the benefits included. We will be happy to supply you with a "superbill" receipt that you can send to your insurance carrier for possible reimbursement. I hereby authorize my doctor to release any information requested by my insurance carrier.

**I hereby declare that neither I nor my child is a TriCare beneficiary.**

**Please indicate anticipated method of payment: (Sorry, but we can no longer accept personal checks)**

Cash

Visa/MC

American Express

Discover

Care Credit  
(must be pre-approved)

I have read, understand, and agree with the above ESTIMATE of fees

\_\_\_\_\_  
Patient, Parent or Guardian

\_\_\_\_\_  
Date

**Medical History Form**

Patient's Name \_\_\_\_\_  
Last First Middle

Father's Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M F

Best # to reach you \_\_\_\_\_

Who is your Dentist? \_\_\_\_\_

Who is your Doctor? \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date of last physical exam \_\_\_\_/\_\_\_\_/\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Please list all medications with dosages your child is now taking (include prescribed medications and over-the-counter vitamins):  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies?

No Yes Drugs \_\_\_\_\_  
No Yes Foods \_\_\_\_\_  
No Yes Other \_\_\_\_\_

*For the following questions, please circle Yes or No. Your answers will be considered confidential.*

- 1. Is your child in good health?..... Yes No
- 2. Has your child had any serious illness, operation, or been hospitalized?..... Yes No  
If yes, please explain \_\_\_\_\_
- 3. Has your child or any family member have any unexpected problems with anesthesia?..... Yes No
- 4. Does your child have any of the following diseases or problems?
  - a. Heart murmur..... Yes No
  - b. Congenital Heart Disease..... Yes No
  - c. Other heart conditions..... Yes No  
If yes to any above, please explain \_\_\_\_\_
  - d. Asthma, sinus trouble, or hay fever..... Yes No
  - e. Chronic cough..... Yes No
  - f. Does your child currently have a cold or flu?..... Yes No
  - g. Does your child snore?..... Yes No

If yes to any above, please explain \_\_\_\_\_

**Please See Next Page**

- |  |           |
|--|-----------|
| h. Any liver conditions.....<br>If yes, please explain _____   | Yes    No |
| i. Any kidneys conditions.....<br>If yes, please explain _____ | Yes    No |
| j. Seizure history.....<br>If yes, please explain _____        | Yes    No |
| k. Mental retardation.....                                     | Yes    No |
| l. Autism.....   | Yes    No |
| m. Down's syndrome.....  | Yes    No |
5. Does your child have any disease, condition, or problem not listed above?..... Yes    No  
If yes, explain \_\_\_\_\_
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To the best of my knowledge, all of the preceding answers are true and correct.  
If there is any change in my child's health, or if my child's medicines change,  
I will inform my anesthesiologist at the earliest possible time.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date