

PATIENT APPOINTMENT DATE:

Information Needed to Schedule Your Surgery with Robert E. Pierce, DMD, PA

Patient Name _____ Date of Birth _____

Best Contact # _____ Home # _____ Cell # _____

Parent or LEGAL Guardian Name: _____ Relationship _____

Patient Address _____

City _____ State _____ Zip _____

Medical Dr. Name _____ Phone _____

Patient Medicaid # _____ (10 digits) Current: ____ Y ____ N

Pt. Social Security # _____ Gender ____ M ____ F

Ethnicity: ____ Cau ____ Hispanic ____ African-Am ____ Native Am ____ Asian ____ Other

OTHER INSURANCE INFO: _____

FAX to: 251.217.9070 eFax

Dr. Pierce contact #: 888.849.9996

PATIENT APPOINTMENT DATE:

History and Physical

FAX to: 251.217.9070

PT: _____ **dob** ____ - ____ - ____

Meds: _____

____ NKDA Med Allergies _____ tape __ dyes __ Latex __

____ Prob with prior anesth ____ FH of anesth problems ____ ppd Smoker ____ Inhaler

Recent Hosp stay _____ Recent Surgeries _____

Bleeding Disorders ____ ER visits _____ Recent Sick, ill, cough _____

__ Asthma __ Bronchitis __ Resp Dz __ Lungs Clear to auscultation __ Pedal edema

Heart: __ Murmur __ Valve Repl __ Bypass __ Stents __ MI hx __ Stroke

Delivery: __ Full term __ Pre term __ Extended hosp stay __ C section __ Vag Del

____ Kidneys ____ DM __ Liver dz Hep / Fam A B C ____ Immune System dz

GI problems _____ Steroids _____

Need to PREMED pt with _____ Alcohol use _____ Rec Drugs _____

Phys Exam: HEENT ____ PERRLA Neuro __ CN II-XII intact Abd ____ GU deferred

Ht ____ Wt ____ B/P ____/____ P ____ Resp ____

BASED ON INFORMATION CONTAINED ABOVE, THE PLANNED DENTAL SURGERY CAN TAKE PLACE AT AN AMBULATORY SURGICAL CENTER AND/OR HOSPITAL

cc: _____ HPI _____

Findings _____ Plan _____

Notes: _____

Doctor Signature + PRINT name

Date

Dr. Contact #

**Information for Patients Having Surgery with
Robert E. Pierce, DMD, PA**

- 1) **Verify** your personal Medicaid or insurance Coverage with your social worker.
- 2) Please call **850-502-6488** to schedule **your appointment for surgery**. Then, **make an APPOINTMENT** with your **MEDICAL DOCTOR** for Outpatient Surgery / Anesthesia Clearance. **THIS APPOINTMENT MUST BE WITHIN 30 DAYS OF YOUR SURGERY WITH US.** *After 30 days the paperwork will be expired.* Take all your medications to this appointment along with the following FORMS/paperwork:
 - a) **Outpatient Anesthesia Clearance** Form/history and physical
 - b) **Information Sheet for scheduling your surgery** (contact info)
 - c) Take this form with you also
- 3) Once your physical exam has been completed, before you leave the office, ask the Doctor's Office to please **Fax** the above **Forms** (A & B) to us at **251.217.9070** (eFax). **ONCE YOUR PAPERWORK HAS BEEN FAXED, CALL 888.849.9996** to schedule a surgery date with Dr. Pierce (unless you have already been scheduled).
- 4) On the day of your surgery bring:
 - a) All Dental X-Rays, Charts, Referral forms
 - b) Your Medicaid Card
 - c) A Photo ID (i.e. Driver's License, Military ID, Passport, Student ID, etc.)
- 5) Bring **LEGAL** documents concerning Power of Attorney, legal guardianship, and custody arrangements. We **must** have a surgical consent signed on the day of surgery or we **CANNOT** do the surgery.