

Fax: 856-352-4592

PA Lic. No. OS-007111-L | NJ Lic. No. 25MB06911800 NY Lic. No. 273254-1 | MD Lic. No. H0077037 | DE Lic. No. C2-0008720

# **Provider Information & Documentation Packet**

Comprehensive anesthesia support for dental providers and their patients *Prepared by:* 

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**Board-Certified Anesthesiologist** 

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### **ABOUT MOBILE ANESTHESIA SERVICE CONCEPTS**

Mobile Anesthesia Service Concepts (MASC) provides hospital-quality anesthesia care directly within dental offices, ensuring patient comfort, safety, and efficient procedures for practices and their teams.

#### We specialize in:

- IV sedation and general anesthesia for dental and oral surgery procedures
- Pre-operative patient evaluation and clearance coordination
- Post-anesthesia monitoring and discharge guidance

Our goal is to simplify anesthesia care for dental offices — offering seamless scheduling, clear protocols, and consistent communication with both providers and patients.

## **INCLUDED IN THIS PACKET**

#### 1. Medical Clearance Form for Anesthesia

 To be completed by referring dentist and patient's physician prior to the procedure.

### 2. Lab Order Prescription Form

• For any lab work required (EKG, Hemoglobin A1C, CMP, etc.).



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## **INCLUDED IN THIS PACKET (CONTINUED)**

- 3. Recovery From Anesthesia Dental Procedures
  - Post-anesthesia discharge instructions and recovery guidance for patients.

## **CONTACT**

For questions or to schedule anesthesia services:

- **4** 866-583-4820
- ≥ info@mascdental.com
- www.mascdental.com

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Procedure Date:

## **Medical Clearance Form for Anesthesia**

**Medical Clearance Requirements** 1. All patients — Clearance required at least 4 weeks prior to the scheduled 2. procedure. Patients aged 50 or older — Must provide a recent EKG (within 6 months) per ICD-10 3. Z01.810. Patients with diabetes — Must submit Hemoglobin A1C and CMP (within 3 months) 4. and an EKG (within 6 months). Patients with chronic or significant medical conditions — Clearance is required to confirm fitness for anesthesia. Today's Date: SECTION A - PATIENT/PROCEDURE INFORMATION SECTION TO BE COMPLETED BY MASC/DENTIST Full Name: Date of Birth:

## **SECTION B - PHYSICIAN REVIEW**

Procedure:

Duration:

SECTION TO BE COMPLETED BY PHYSICIAN (NOT PHYSICIAN ASSISTANT OR REGISTERED NURSE)

1.	Is the patient medically	optimized for anesthesia	?
2. Please review and attach the following (if performed in the past 6 months):			
	<ul><li>□ Pre-Operative EKG</li><li>□ Echocardiogram</li></ul>	<ul><li>☐ Hemoglobin A1C</li><li>☐ Electrolytes (CMP)</li></ul>	Stress Test



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## **SECTION B - PHYSICIAN REVIEW (CONTINUED)**

SECTION TO BE COMPLETED BY PHYSICIAN (NOT PHYSICIAN ASSISTANT OR REGISTERED NURSE)

- 3. Please upload the documents below at www.mascdental.com/secure-upload:
  - List of current medications
  - Last History & Physical
  - Any notes explaining patient's current condition
  - Explicit statement if: PATIENT IS CLEARED FOR ANESTHESIA

SECTION TO BE COMPLETED BY PHYSICIAN (NOT PHYSICIAN ASSISTANT OR REGISTERED NURSE)

## **SECTION C - ANTICOAGULATION/BLOOD THINNERS**

If the patient takes: Xarelto Aspirin Plavix ■ Not Applicable Other Coumadin Stop \_\_\_\_ days prior to procedure Resume \_\_\_\_\_ days post procedure Must continue taking **SECTION D - PHYSICIAN CERTIFICATION** SECTION TO BE COMPLETED BY PHYSICIAN (NOT PHYSICIAN ASSISTANT OR REGISTERED NURSE) Full Name: Phone Number: Signature: Date:



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# **Lab Order Prescription Form**

To be completed by Dr. DeA	
Today's Date:	
PATIENT INFORMATION	
Full Name:	Phone:
Date of Birth:	
Address:	
City:	State: Zip:
TEST(S) REQUESTED	
☐ Hemoglobin A1C ☐ Pre-Operative EKG	<ul><li>☐ Electrolytes (CMP)</li><li>☐ Stress Test</li><li>☐ Echocardiogram</li><li>☐ Other</li></ul>
If "Other" selected:	
	Doctor's Signature:
	Demo



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# Recovery After Dental Anesthesia Procedures

### **GENERAL RECOVERY**

- 1. Recovery from general anesthesia or IV sedation usually takes about 24 hours. Some patients may feel normal sooner, while others may take a bit longer.
- 2. During this time, you may feel drowsy, weak, or lightheaded this is normal.

#### **ACTIVITY RESTRICTIONS**

- 3. Do not drive, operate heavy machinery, or make important financial/legal decisions for at least 24 hours after anesthesia.
- 4. Arrange for a responsible adult to accompany you home and, if possible, stay with you for the first 12–24 hours.

#### **AFTERCARE AT HOME**

- 5. Plan to rest at home. Sit upright (avoid lying completely flat) to aid breathing and comfort.
- 6. Eat something light and soft (such as soup, yogurt, or applesauce) once you feel ready.
- 7. Take your prescribed medications as directed by your dentist or surgeon.

#### **MANAGING PAIN**

- 8. Take pain medication before the local anesthesia wears off to prevent breakthrough pain.
- 9. If instructed to nap, limit rest to 1–2 hours and remain propped up with pillows afterward.
- 10. Resume eating normally as tolerated, starting with soft foods and clear liquids.

### WHEN TO CALL FOR HELP

If you experience severe pain, persistent vomiting, heavy bleeding, difficulty breathing, chest pain, or confusion, call 911 or go to the nearest emergency room.

For questions related to your anesthesia recovery, call Dr. DeMarco at 267-226-0050.

Thank you for allowing us to be part of your care. Following these instructions will help ensure a safe and smooth recovery.