Your sedation information pack

Everything you need to know before your appointment — plus the forms we need back from you. Please read through, complete the questionnaire and consent form, and return them to us at least 48 hours before your procedure.

6 hours

Nothing to eat or drink before your procedure

30 min

Please arrive before your scheduled appointment time

1 adult

A responsible escort must take you home and stay with you

WHAT'S INSIDE

Returning your forms

Complete pages 3 to 6, sign where indicated, and email them to **info@sedation.co.za**. If you would prefer to complete them with us, phone **021 910 2193** and we will talk you through it. Anything you are unsure about, please ask — no question is too small.

PHONE
021 910 2193

EMAIL
info@sedation.co.za

WEB
www.sedation.co.za

Before your sedation

Please follow these instructions carefully. If any of them are not possible, phone us before the day of your procedure.

1. **Arrive at least 30 minutes** before your scheduled appointment time.
2. **Do not eat or drink anything for at least 6 hours** before the procedure. This includes sweets, chewing gum and milk. Sips of water with essential chronic medication are allowed unless we tell you otherwise.
3. **Empty your bladder** (or your child's bladder) shortly before the procedure.
4. **You must have a responsible adult escort.** They need to take you home and stay with you for up to 6 hours afterwards. Please arrange this in advance — an e-hailing service such as Uber is not a suitable escort, and sedation cannot go ahead if you arrive alone.
5. **Tell us about all medication** you take, including herbal remedies, supplements and anything prescribed in the last 6 months.

Weight-loss or diabetes injections (Ozempic, Wegovy and similar)

If you take a GLP-1 injection such as **Ozempic, Wegovy, Saxenda, Mounjaro or Trulicity**, please tell us as soon as possible and let us know **when your last dose was**. These medicines slow down the emptying of the stomach, so the usual 6-hour fasting rule may not be enough to keep you safe. We may ask you to fast for longer, to stick to clear fluids the day before, or to delay your appointment. Please do not stop the injection on your own — speak to the doctor who prescribed it first.

Children: EMLA numbing patch

Apply an EMLA patch (available from any pharmacy) **1 to 2 hours before** the procedure — one over the largest vein on the back of your child's right hand, and one on the inside of the right elbow. The patch numbs the skin so that your child does not feel the injection. If you cannot get hold of a patch, please let the doctor know.

Feeling unwell?

To keep sedation safe, we sometimes have to reschedule. If you or your child have **two or more** of the following symptoms, please let us know as early as possible:

- ☐ Sore throat
- ☐ Sneezing
- ☐ Coughing
- ☐ Temperature above 38 °C
- ☐ Malaise, fatigue or body aches
- ☐ Nasal congestion or a runny nose

After your sedation

1. Full recovery can take up to **12 hours**, although most people feel themselves again within 2 to 3 hours.
2. Nausea and vomiting can happen, but are uncommon.
3. You may eat and drink soon after the procedure, as directed by your doctor.
4. **Do not drive or operate machinery for 12 to 24 hours** afterwards — preferably not until the next day.
5. Do not sign any legal or other important documents until the next day.
6. Do not drink alcohol or take herbal agents or home remedies for at least 6 hours.
7. Children should not be left unsupervised for at least 2 to 3 hours after the procedure.

If you are worried about anything at all after your procedure, phone us on **021 910 2193** or contact your treating doctor.

Medical questionnaire

Please answer every question. Your answers stay confidential and are used only to plan safe sedation.

PATIENT NAME

CONTACT NUMBER

DATE OF PLANNED PROCEDURE

DENTIST / SURGEON

AGE

HEIGHT

WEIGHT

SEX

QUESTION	YES	NO	IF YES, PLEASE GIVE DETAILS
1. Has a family member ever had a complication related to an anaesthetic?	☐	☐	
2. Are you allergic to any medication, food (e.g. eggs, soya, peanuts) or other substance?	☐	☐	
3. Were there any complications during birth?	☐	☐	
4. Were you (or your child) born prematurely?	☐	☐	
5. Is there any chance that you may be pregnant?	☐	☐	
6. Are you breastfeeding?	☐	☐	
HEART & CIRCULATION — DO YOU HAVE			
High blood pressure?	☐	☐	
Heart failure, or shortness of breath when lying down?	☐	☐	
Heart valve problems, palpitations or an irregular heartbeat?	☐	☐	
Ischaemic heart disease, angina, stents or a bypass?	☐	☐	
Shortness of breath when walking?	☐	☐	
BREATHING & LUNGS — DO YOU			
Snore, or have sleep apnoea?	☐	☐	
Have asthma or any other lung disease?	☐	☐	
Have you had flu or a chest infection in the last 4 weeks?	☐	☐	
Do you smoke or vape? If yes, how much per day?	☐	☐	
BRAIN & NERVOUS SYSTEM — DO YOU HAVE			
Epilepsy?	☐	☐	
Depression or psychosis?	☐	☐	
ADHD or hyperactivity?	☐	☐	
Autism?	☐	☐	
Have you ever had a stroke, TIA or a bleed on the brain?	☐	☐	
HORMONES & METABOLISM — DO YOU HAVE			
Diabetes?	☐	☐	
Thyroid problems?	☐	☐	

Porphyria?	☐	☐	
Are you on steroid therapy?	☐	☐	

LIVER, KIDNEYS & BLOOD

Any liver disease, such as hepatitis?	☐	☐	
Any history of jaundice?	☐	☐	
Do you drink more than 7 alcoholic drinks per week?	☐	☐	
Any kidney or bladder disease?	☐	☐	
Anaemia, sickle cell disorder, thalassaemia or similar?	☐	☐	
A bleeding disorder, or abnormal bleeding after extractions, surgery or injury?	☐	☐	

MEDICATION & PREVIOUS ANAESTHETICS

Do you take any medication, including herbal remedies and supplements?	☐	☐	
Have you ever had an unpleasant reaction to an anaesthetic, or a failed sedation?	☐	☐	

If there is anything you would rather not write down, please phone us on **021 910 2193** or speak to your treating doctor in confidence.

MEDICATION YOU ARE CURRENTLY TAKING

Please include chronic medication, contraceptives, herbal remedies, supplements and anything bought over the counter.

MEDICATION	DOSE & HOW OFTEN

ANYTHING ELSE WE SHOULD KNOW?

I have completed this questionnaire to the best of my knowledge and have not withheld any information.

SIGNATURE OF PATIENT / GUARDIAN

DATE

Consent form

I HAVE BEEN INFORMED AND DECLARE THAT

1. I understand what sedation involves, the purpose of the procedure and the risks involved.
2. I understand that no guarantee can be given about the results obtained.
3. I understand that all aspects of sedation are explained on www.sedation.co.za, and that I may ask the sedationist to contact me if I have any concerns.
4. I understand that unforeseen complications may arise during sedation that require additional or different medication or treatment. I authorise the sedationist to treat such complications according to their professional judgement.
5. I will follow the post-sedation instructions. I have completed the medical questionnaire and have declared all medication I have taken in the last 6 months.
6. I understand that I am strongly advised not to drive, operate machinery or power tools, or enter into any legal contract until the following day.

SHARING OF PERSONAL INFORMATION

I give permission for the sedation practitioner to share the personal information necessary to facilitate payment with my medical scheme, billing institution or financial services provider. I understand that my information is processed in line with the Protection of Personal Information Act (POPIA), and that I may request access to it or ask how it is used at any time.

TERMS AND CONDITIONS OF PAYMENT

1. The sedation account is completely separate from the accounts rendered by the hospital, dentist or surgeon.
2. I accept full responsibility for settling this account and confirm that I have been informed of the fees to be charged.
3. I acknowledge that the practice charges private rates, which may be higher than medical scheme rates.
4. I understand that it is my responsibility to obtain authorisation from my medical scheme before the procedure if the account is to be claimed on my behalf.
5. I understand that if my account is unpaid after 90 days, it may be handed over to an independent debt collection company.
6. I understand that if the account is not settled, I will be liable for all costs incurred in any legal proceedings to recover the debt.
7. I accept the fees charged by the practice. If my medical scheme pays less than the amount claimed, I will be liable for the difference.
8. I understand that if I cancel within 48 hours of my appointment without a legitimate medical reason, a cancellation fee will be charged.

I have read, understood and agree to the conditions set out above. I give permission for sedation on myself / my dependant.

NAME OF PATIENT	SIGNATURE OF PATIENT / GUARDIAN	DATE	WITNESS 1	WITNESS 2

Practitioner's declaration

I have explained the nature of this procedure and its reasonably anticipated risks and complications to the patient, guardian or representative, and I am satisfied that they understood. I declare that the patient has been adequately informed and has consented.

PRACTITIONER'S SIGNATURE	DATE

Billing & medical scheme details

Please complete in full so that we can submit your claim or issue an accurate receipt.

PATIENT DETAILS

SURNAME | FIRST NAME | TITLE

DATE OF BIRTH | ID NUMBER

ACCOUNT HOLDER (PERSON RESPONSIBLE FOR THE ACCOUNT)

SURNAME | FIRST NAME | TITLE

ID NUMBER | MOBILE | HOME TELEPHONE

EMAIL ADDRESS | EMPLOYER

HOME ADDRESS | POSTAL CODE

POSTAL ADDRESS (IF DIFFERENT) | POSTAL CODE

MEDICAL SCHEME DETAILS (FOR ACCOUNT PURPOSES ONLY)

MEDICAL SCHEME | PLAN / OPTION

MEMBERSHIP NUMBER | DEPENDANT CODE

MAIN MEMBER | AUTHORISATION NUMBER

FOR OFFICE USE ONLY

DENTIST / SURGEON | DATE | START TIME | END TIME

ICD-10 CODES | PROCEDURE CODE | TOTAL TIME

METHOD OF PAYMENT

TARIFF

☐ Card ☐ EFT ☐ PayShap

☐ Private ☐ Discounted ☐ Scheme claim ☐ Cash

TOTAL FEE (R) | DISCOUNT (IF GIVEN) | AMOUNT PAYABLE (R)

DEPOSIT PAID (R) | OUTSTANDING (R) | DATE SETTLED

Fees

We would rather you know exactly where you stand before your procedure than be surprised by an account afterwards.

1. All our practices charge private fees. Fees differ between practices — our office will give you the tariff information for the practice treating you.
2. Some practices claim in full or in part from your medical scheme, but cannot take responsibility for non-payment.
3. There is no universal "medical scheme" fee. Schemes pay different amounts for the same service.
4. If your scheme pays less than the rate charged, you are liable for the difference.
5. If your scheme does not pay for any reason, you are liable for the full amount.
6. Please check with your scheme whether you are covered and for how much. This remains your responsibility.

How the fee is calculated

Sedation fees are time-based: **15 minutes' set-up time**, plus the time from entering the procedure room until you are awake enough to move to the general reception area.

The total fee consists of the **clinical fee** (the doctor's time and expertise) and the **medicine and disposables** used during the procedure.

Codes for medical scheme authorisation

If you are applying for authorisation, your scheme will ask for these codes.

ICD-10 DIAGNOSIS CODES

K02.1 / K08.1	Usually used for dental procedures
Other	Codes for other procedures differ and can be obtained from your surgeon

SEDATION PROCEDURE CODES

CODE	DESCRIPTION
1461	Dental procedure (other procedures have a different code — obtained from your surgeon)
0020	Sedation outside a hospital theatre
0151	Pre-anaesthetic assessment
0034	Head, neck or shoulder modifier
0036 / 0023	Sedation / anaesthetic time
0007	Use of our own monitoring equipment
0201	Drugs and consumables used during the sedation

Still have questions?

Phone **021 910 2193** or email **info@sedation.co.za**. We are happy to talk through fees, cover or anything else before your appointment.