

WELCOME TO THE OFFICE

Dr. Dexter Johnson, M.D.,D.D.S.,F.R.C.D.(C),Dip.ABOMS

Certified Oral and Maxillofacial Surgeon

In order to provide safe dental care of our patients, we are asking you to fill out the following questionnaire. Please answer the questions as accurately as you can. If you have any questions or doubts, check the not sure/maybe choice. Your responses will be reviewed with you by the dentist. You can be assured that the information that you provide will be kept in the strictest confidence.

NAME-MR/MRS/MS/MISS _____
 ADDRESS _____ POSTAL CODE _____
 TELEPHONE -HOME _____ WORK _____ DATE OF BIRTH _____
 OCCUPATION _____ PLACE OF BUSINESS _____
 MARITAL STATUS -M S W D OTHER _____ EMAIL- _____
 NAME OF SPOUSE _____
 IN CASE OF EMERGENCY NOTIFY _____
 RELATIONSHIP _____ PHONE _____
 NAME OF FAMILY DOCTOR (MEDICAL) _____

ARE YOU COVERED BY ANY TYPE OF DENTAL INSURANCE _____
 NAME _____ GROUP/POLICY _____ CERT/ID _____
 POLICY HOLDER _____ DATE OF BIRTH _____

REFERRED BY DENTIST: _____

	YES	NOT SURE/	NO
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Do you have any allergies (food or drug)? _____	___	___	___
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Are you being treated for any medical condition at the present or have been treated within the last year _____	___	___	___
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When was your last medical check-up? _____	___	___	___
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When was your last visit to a physician: _____	___	___	___
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Please give reason. _____	___	___	___
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Has there been any change in your general health in the past year? _____	___	___	___
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Are you taking any medications or non-prescription drugs of any kind? _____	___	___	___
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If the answer is yes, please list- _____	___	___	___
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_____	___	___	___
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Have you ever had a peculiar or adverse reaction to any medicines or injections? _____	___	___	___
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(e.g. penicillin, aspirin or local anaesthetics, dental freezing) _____	___	___	___
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Do you have a heart or blood pressure problems? _____	___	___	___
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Do you have a heart murmur or mitral valve prolapse? _____	___	___	___
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Have you ever had rheumatic fever? _____	___	___	___
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Do you have or have you ever had jaundice, hepatitis or liver disease? _____	___	___	___
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Have you ever been told that you should not give blood? _____	___	___	___
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Do you have any conditions that could affect your immune system e.g. AIDS, HIV positive, leukemias, etc.? _____	___	___	___
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Do you have a tendency to bruise easily or bleed for a prolonged period of time _____	___	___	___
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Have you ever been hospitalized for any serious illnesses or operations? _____	___	___	___
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Have you ever taken, or are you currently on oral I.V. bisphosphonate _____	___	___	___
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Do you have or have you ever had any of the following? _____

Please circle only those that apply.

chest pain	bronchitis	tuberculosis	arthritis	heart attack	emphysema
Epilepsy	diabetes	stroke	asthma	stomach ulcers	aneamia
Prosthetic joint	ulcer	cancer	lung disease	migraines	scarlet fever
Drug/alcohol dependency			TB		

Are there any conditions or diseases not listed above that you have or have had? If yes answered
Please list them. _____

Do you smoke or chew tobacco: _____ Yes _____ No
For women only: Are you pregnant: _____ Yes _____ No

DENTAL HISTORY

When was your last dental visit: _____ ?
When did you last have dental x-ray? _____
How often do you brush your teeth: _____ ?
How often do you floss your teeth: _____ ?

	YES	NOT SURE/ MAYBE	NO
Have you been seeing a dentist regularly? _____	_____	_____	_____
Do any of your teeth ache? _____	_____	_____	_____
Have you ever been advised to take antibiotics before dental appointments?			
Do your gums bleed when you brush? _____	_____	_____	_____
Do you have any pain when you chew? _____	_____	_____	_____
Do you feel that you have bad breath? _____	_____	_____	_____
Have you ever been in a vehicle accident or experienced any blows Do your jaw? _____	_____	_____	_____
Have you ever had any implant surgery in one or both of your jaws? Or jaw joints? _____	_____	_____	_____
Are you being followed-up by a dental specialist? _	_____	_____	_____
Please list anything else not mentioned above regarding your past history.			

I, THE UNDERSIGNED CERTIFY THAT ALL OF THE ABOVE MEDICAL AND DENTAL INFORMATION IS TRUE TO MY KNOWLEDGE AND I HAVE NOT OMITTED ANY PERTINENT INFORMATION. I CONSENT TO THE PERFORMING OF DENTAL AND ORAL SURGERY PROCEDURES AGREED TO BE NECESSARY OR ADVISABLE INCLUDING THE USE OF LOCAL ANAESTHETIC AS INDICATED AND I WILL ASSUME RESPONSIBILITY FOR FEES ASSOCIATED WITH THESE PROCEDURES.

_____ DATE: _____
**PATIENT OVER 18 YEARS /OR
(PARENT, GUARDIAN) SIGNATURE**

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Certified Oral and Maxillofacial Surgeon

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Care Following Oral Surgery

Take all medications as prescribed by your Doctor. If you are prescribed antibiotics, make sure to complete the full prescription.

Driving: Do not drive a vehicle, operate hazardous machinery or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

Bleeding: You can expect some bleeding the day of surgery and perhaps a little bit the following days. A gauze pack placed directly over the site of the extraction and firm biting pressure for 45 minutes will help stop any bleeding. You may also use a moistened tea bag wrapped in gauze.

Swelling: Swelling usually peaks after 2 - 3 days, and then takes about 3-4 days to return to normal. Ice should be used during the first 3 days after your surgery, alternating 10 minutes on and ten minutes off. On the third day, you can use warm moist compresses to relieve your swelling and stiffness and to promote circulation to the area and 10 minutes off. Do NOT use an electrical heating pad.

Rinsing: On the day of surgery do not rinse, spit or create any suction in your mouth. It is best to leave your mouth undisturbed as much as possible. The day following your surgery you should start rinsing with warm salt water (1/4 - 1/2 tsp. in 8 oz. of water). This should be done every 2 hours and after meals until your mouth has healed and your stitches have fallen out. Mouthwash contains alcohol and is not recommended. **DO NOT use straws. NO smoking for 48 hrs.**

Bruising: Sometimes bruising will become apparent as the swelling begins to recede. This is expected and you should not cause any undue concern about. It will begin to fade within a couple of days.

Jaw Stiffness: Occasionally some stiffness when opening your mouth may occur. This is to be expected and a warm compress will help to loosen the muscle, making it easier to open. This disappears in a couple of days.

Stitches: Your stitches are absorbable and will dissolve on their own in 5 - 10 days depending on how quickly you heal.

Eating You may be frozen for a period of time which will limit you to drinking fluids the first little while. It is important to not neglect to eat during your recovery. Initially fluids, jello, applesauce, yogurt, puddings and warm soup may be eaten. Progress to soft foods such as scrambled eggs, overcooked pasta, mashed potatoes, oatmeal and, of course, ice cream. Sipping on cans of meal replacement liquids such as Boost, Ensure or Carnation Instant Breakfast are also a good source of proteins, minerals and vitamins. Avoid anything too hot or spicy during the initial days of your recovery. You should be able to progress to more solid foods as your swelling recedes.

Should you be given a Monojet Syringe, use it starting on the 5th day after the surgery to flush the operative sites of food debris.

It is our hope that your recovery is uneventful; however, you *should* feel free to contact us about your recovery if you have any questions or concerns please **call Dr. Johnson (613) 295-4870.**

**PRE-OPERATIVE INFORMATION
FOR
DENTAL SURGERY WITH INTRAVENOUS SEDATION**

In order to help you through the surgery recommended, we have developed a technique to keep you comfortable, relaxed and somewhat sleepy. Although conscious, you will have an indifferent attitude toward the procedure. Local anesthetic is also used to minimize discomfort. You will not have a clear recollection of the appointment for realize for passage of time. After surgery you will be given a prescription to keep you comfortable and an instruction sheet to answer most of the questions beneficial to your recuperation.

All efforts and recommendations are directed toward keeping you comfortable during this procedure and recovery from surgery. In order to obtain maximum benefit from this treatment, please note the following:

- A responsible adult must accompany you to and from this office, (you will not be able to take a cab)
- No food or drink for 8 hours before the procedure (including water)
- Wear loose fitting comfortable clothing to the appointment, and preferably a short-sleeved shirt.
- For 24 hours after the appointment you **should not** smoke, drink alcoholic beverages or operate a vehicle or other machinery requiring hand/eye coordination.
- Plan to sleep or rest as much as possible as sleepiness may persist for several hours and into the day

Each individual reacts differently to surgical procedures and therefore no guarantee can be made or implied as to its success. Listed below are some possible complications following dental surgery.

- There may be pain and immobility for a few days
- Bleeding, swelling and some bruising is common
- Minor infections and change in taste may occur
- Adjacent fillings may be dislodged
- Temporary or permanent numbness of lip, chin and/or tongue can occur

YOUR NEXT APPOINTMENT IS _____

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