

## 2018 Anesthesia Scheduling Instructions for Dental Offices

1. Please give each patient a PDAA brochure

2. Complete Anesthesia Scheduling Forms

1. Anesthesia Scheduling form

- Fill in the Patient sections **or** attach a copy of your office's registration form.

➤ \*\*\*\*Medical History

- A medical history is not necessary for healthy patients
- "Red Flag patients"- (medical problems, special needs, medical allergies) please send medical history from the patient's dental record

3. Email or Fax these forms to: Maria Jarrell

1. Anesthesia Fee Scheduling form

If you have any questions, please contact:

Maria Jarrell email: [billing@pediatricseparation.com](mailto:billing@pediatricseparation.com)  
P.O. Box 2080  
Palm Harbor, FL 34682-2080  
Phone: 813-545-9924 Fax: 866-773-3520

*\*Even if the patient is undecided about scheduling the procedure try to get all the forms filled out and placed in the chart for future use.*

# 2018 Pediatric Dental Anesthesia Associates (PDAA) 2018

P.O. Box 2080 Palm Harbor, FL 34682-2080  
Telephone 813-545-9924 Fax 866-773-3520

## Anesthesia - Sedation Scheduling Form Fax to: 866-773-3520

Dentist's Name \_\_\_\_\_ Procedure Date: \_\_\_\_\_

Estimated Dental Procedure Units \_\_\_\_\_

Anticipated Payment Method: **Seminole Tribe of Florida Health Plan**

### Patient Information – *or attach copy of office demographic form instead*

Last Name		Date of Birth	
First Name			
Address			
City		State	Zip

<b>Parents Name</b>			
Check preferred method of contact	Email address		
	Home Phone		
	Work Phone		
	Cell Phone		

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