



**Implant
Perio Inc**

Port Elizabeth, South Africa

Dr Suzette Stander

Specialist in Periodontics, Implants and Oral Medicine

BCD (US/UK), PDD Implantology (Canada) (UK),

MChD Periodontics and Oral Medicine (UK)

Practice Number: 099 0030566816

IMPORTANT TO NOTE FOR THEATRE - PE

In Port Elizabeth we make use of the Eye & Laser Medical Forum Theatre (MFT). Below you will find all the information and documentation you need for your appointment. Please take note of all the information contained in this document to ensure a smooth process.

Firstly, the cost estimate you received from our practice needs to be submitted to your medical aid with the following information. If you do not have some of the required documentation or information, please request it from our office. Should you require us to assist in applying for pre-authorisation from your medical aid, you may request such, however please be informed that you may be charged administrative fees.

The information your medical aid will require is as follows:

- Date of service – without a theatre date, your medical aid cannot grant you pre-authorisation. Ensure you have a date set for the procedure.
- Place of Service – Eye & Laser MFT – practice number 7700873
- Performing Doctor – Dr Suzette Stander – practice number 0546836
- Type of procedure – you will find this on the top right of the cost estimate
- Procedure/tariff codes – these are the 4-digit codes running down the left side of the cost estimate
- ICD-10 Codes – these are listed in the description next to each code, e.g. K05.5
- Medical aid name and medical aid number
- Full name and ID number of the main member on the medical aid
- Full name and date of birth of the person going to theatre
- Panoramic x-ray (please note that this does not apply for soft tissue grafting procedures)
- Periodontal chart – can be obtained from our rooms
- CPITN scoring – can be obtained from our rooms
- Letter of motivation – should your medical aid require this, they will ask for it. The medical motivation carries a fee of R650.00, however we will not produce a medical motivation unless it is requested by your medical aid.

Once you have all the above information, you can submit it to your medical aid in request for pre-authorisation. Some medical aids will supply a breakdown of how they will cover the procedure along with the pre-authorisation and some will not. If you do not get a breakdown, please ask them for a pre-assessment as well. You may also request this at the same time as the pre-authorisation.

Once you have submitted the information to your medical aid, PLEASE follow up with them the following day via telephone to ensure they received your documentation. Following your email submission, you will receive confirmation of receipt in which they will give you a reference or query number. Quote this number when phoning them so that they can trace the email immediately.



**Implant
Perio Inc**

Specialist in Periodontics, Implants and Oral Medicine

Dr Suzette Stander

Specialist in Periodontics, Implants and Oral Medicine

BChD (S. Africa) FDD Implantology (Cum Laude) (UWA),

MChD Periodontics and Oral Medicine (UWC)

Practice Number: 092 076036830

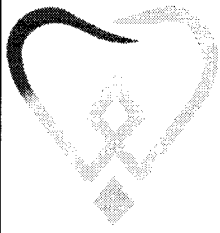
Once a pre-authorisation number is obtained, kindly complete the below documents and forward them back to us. **Attached hereto you will find the following documents:**

- Consent form for general anaesthesia – must be completed and returned
- MFT admission form – must be completed and returned
- MFT consent form – must be completed and returned
- Important information to note for your appointment at theatre (no need to return it)
- Information on the patient admission process
- Letter to surgery patients – must be completed and returned
- Periodontal consent form – must be completed and returned if you did not complete one at the practice during your consultation
- General post-operative instructions to follow after the procedure
- Post-surgical instructions for soft tissue graft patients
- Responsibility of obtaining medical pre-authorisation
- MediFin medical finance information – they are not a medical aid, but they fund medical procedures up to R250 000

Please note:

- **ALL** relevant forms must be completed, signed and returned to us as soon as possible to confirm your appointment.
- Dr Suzette Stander is **not** contracted to the Theatre, the Anaesthetist or any other doctors and thus our fees are **excluding** of their costs. Kindly contact these entities directly should you require cost estimates from them.
- Dr Suzette Stander is a **cash practice** and as such all fees are due and payable by the Patient/Legal Guardian prior to or on the day of the appointment. **A deposit of 50% is required at least 7 days prior to the appointment to secure your booking.**
- Payments can be made at the practice by means of **Cash, Card (No American Express OR Diners cards) or EFT**. Should payment have been made prior to the appointment via EFT, **proof of payment** must be presented upon arrival.
- Patients are encouraged to submit their cost estimates to their respective medical aids and to liaise with them for pre-approval of the procedure. **Obtaining pre-authorisation is the Patient's responsibility.**
- **Our policy requires that all surgical appointments be confirmed 10 days in advance by either written confirmation and/or a confirmation deposit.** In the event that we are unable to reach you to confirm your appointments or we do not hear back from you at least 7 days prior to your appointment time, it may be necessary for us to offer your appointment to another patient. If you cancel your appointment within less than 7 days prior to your appointment, or fail your scheduled appointment, a cancellation fee of 25 % of the total procedure cost will apply and we may be unable to reschedule your appointment, or may require you to prepay your estimated portion in full should it be rescheduled. Surgical procedures often require 3 or more hours to be scheduled at a time, at which all the doctors and the theatre pre-schedule time which, at short notice, is testing to fill. Your cooperation and understanding in this regard will be greatly appreciated.

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**Implant
Perio** Inc

Periodontics, Implants & Oral Medicine

CONSENT FOR GENERAL ANAESTHESIA

OR SEDATION

To be completed by all patients undergoing GA or sedation.

DOCTORS RECORD

PROCEDURE

Dental _____
Max Fac _____
Medical _____

PREMED

Date/Time _____
Midazolam 7.5g _____
Emla Patch _____
Other _____

HISTORY

Child	Anxiety	Gag	< 3 years
Extensive	Extractions	Infective	
Inad.local	Normal hrs	After hrs	
Adult	Mental State		

DRUGS AND CONSUMABLES

Midazolam tabs	15 mg	7.5mg		
Emla patch	X1	X2		
Anes Ext Set	X1			
Jelco/Introcan	X1	X2		
Webcol/Micropore/Cotton				
Syringe	2cc	5cc	10cc	20cc
Butterfly needles	18g	22g		
Glycopyrolate	0.1mg/ml or 2mg/ml			
Lignocaine	2%			
Midazolam	5mg/5cc or 15mg/cc			
Propfol	1%			
Ketamine	mg			
Mepyramine Mal	mg			
Rapifen/Alfentaniel	mg			
Other				

PERSON RESPONSIBLE FOR ACCOUNT: (MAIN MEMBER)

Surname _____ Title: _____ Full Names: _____
 Postal Address _____
 Home Address _____
 Home Tel/Fax _____
 Work _____
 Tel/Fax _____
 ID Number _____
 Employer _____ Occupation: _____
 Medical Aid Name _____ Package: _____
 Medical Aid Number _____

PATIENT DETAILS

Surname _____ Full Names: _____
 Dependent Code on Medical Aid _____
 ID/Date of Birth _____
 Address _____

 Authorisation Number _____
 Service Date _____

MEDICAL QUESTIONNAIRE

Age _____	Weight _____ kg	Male _____	Female _____
Are you allergic to any medication? _____			
Do you suffer from: _____ Asthma _____ High blood pressure _____			
Diabetes _____ Heart Problems _____ Cold or Flu _____			
Porphyria _____ Chronic runny nose _____			
have you had any food or drink today? _____ At what time? _____			
Do you take any medication regularly? _____			
Have you had any adverse/unpleasant reaction to anaesthesia? _____			
Other comments: _____			

CONSENT FORM

Anaesthetist _____ Date _____

Procedure _____ Codes _____

I, the undersigned, hereby state that I am legally competent to give consent for this procedure and am aware of the nature and scope of the risks of the procedure and sedation to be performed.

I give permission to the doctors concerned to take any blood tests as may deem necessary in the event of contamination of body fluids or blood to the health worker concerned.

I accept full responsibility for the account in the event that my medical aid should, for whatever reason, fail to settle the amount in full.

Name _____

Signature _____

Signature as above is Patient _____ Parent _____ Guardian _____

Witnessed _____



KIRLAND INVESTMENTS (PTY) LTD t/a
 MEDICAL FORUM THEATRE
 209 CAPE ROAD, MILL PARK
 PORT ELIZABETH, 6001
 TEL: (041) 373 0682 FAX: (041) 374 0488
 Email: number@eyeandlasersa.com
 Fax: 086 502 3806

Theatre:

Case No:

.....

Rec No:

FOR OFFICE USE ONLY	
Date:	Time Arrived:
Doctor:	Time Admitted:
Anaesthetist:	Time Discharged:
Procedure:	
.....	
.....	

DETAILS OF PATIENT:

Surname: Mr/Mrs/Me M F

Full Names:

I.D. No:

Employer: Tel Work:

DETAILS OF MAIN MEMBER:

Surname: Mr/Mrs/Me

Full Names:

I.D. No:

Postal Address:

.....

Residential Address:

.....

Employer: Clock/Ext No:

Tel Work: Tel Home:

Cell No: Email:

DETAILS OF MEDICAL AID:

Name of Medical Aid:

Option or Plan:

Membership No:

Patient Dependent No:

Pre Authorisation No:.....

I hereby confirm that the above information is correct.

I understand that I am responsible for full & final settlement of this account.

I also understand that Medical Forum Theatre is not liable for any loss or damage of the patient's personal belongings.

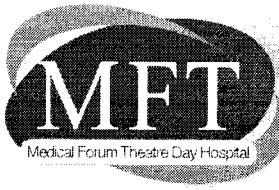
.....
Signature

.....
Witness

.....
Print Full Names & Surname

.....
Print Full Names & Surname

.....
Date



Hospital / Clinic	Medical Forum Theatre			Admission No	
Title	Prof.	Dr.	Rev.	Mr.	Mrs. Ms.
Surname				Names	
Attending Doctor					

Consent to Surgical Procedure

1. I (FULL NAMES) _____, the undersigned

Hereby consent to _____
 (name of medical / surgical procedure being performed on myself / dependent)

the nature and effect of which have been fully explained to me by Dr. _____
 and which I understand, and to such further or alternative operative measures and / or treatment as may be necessary or advisable during the course of such medical or surgical procedure, and to the administration of a general or other anesthetic for purpose of said procedure.

- 2. **BLOOD TRANSFUSION** I hereby consent / do not consent to a blood / blood product transfusion / blood conservation to myself / the patient upon the instruction of the said Medical Practitioner(s).
- 3. I understand that I am / the patient is under control of my / his / her attending Medical Practitioner(s) and that Medical Forum Theatre is not liable for any act or omission performed that occurred in accordance with or in consequence if any instruction of the said Medical Practitioner.
- 4. I further consent to an X-ray examination / laboratory procedures / hospital services performed on me / the patient, upon the instruction of the said Medical Practitioner(s),
- 5. I acknowledge and understand that all Medical Practitioners furnishing services to myself / the patient, including Auxiliary Personnel, Radiologists, Anesthetists and the like, are independent contractors and are not employees or agents of the Medical Forum Theatre and that Medical Forum Theatre is in no way liable in respect of their treatment or services.

Adult Patient (18 Years Over)

SIGNED AT		ON THIS		DAY OF	
SIGNATURE OF PATIENT				AS WITNESS (1)	
				AS WITNESS (2)	

Minor Patient (Under 18 Years) / Incapacitated Adult Patient

In case if Patient being unable to sign state reason _____

Signature of Parent, a Legal Guardian / Curator / legally eligible person _____

Capacity / Relationship _____

NAME		AS WITNESS (1)	
I.D. No		AS WITNESS (2)	
ADDRESS			
TEL			



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MEDICAL FORUM THEATRE
209 CAPE ROAD, MILL PARK
PORT ELIZABETH, 6001
TEL: (041) 373 0682 FAX: (041) 374 0488
Email: number@eyeandlasersa.com
Fax: 086 502 3806

Please take a few minutes to read this information regarding your stay with us

You have been given your admission form to be completed in black pen

Kindly come in at least 2 days prior to your surgery to "Book Your Bed"

Ensure that you, the patient, phones your medical aid to obtain a pre authorisation number

This number must be obtained before your day of surgery

Please bring the following with you

The Main Members ID book

The Patients ID book (in the case of a minor, a copy of the birth certificate)

Medical Aid Card reflecting details of main member & all dependents

Proof of authorization received from your medical aid

Your stay with us will be about 3 - 4 hours, please understand this time is just a guideline

We suggest that you bring something with you to pass the time

You, the patient, are to find out from your medical aid if you have a co payment or levy.

All Private Patients, Co Payments & Levies are payable in full prior to surgery

Methods Of Payment For Private Patients, Co Payments & Levies

- 1) Cheque - Made Payable to "Medical Forum Theatre"
- 2) Credit Card - Ensure that your daily transaction limit is sufficient
- 3) Direct Deposit - to reflect on our bank statement 2 working days prior to surgery
- 4) Cash

Our Bank Details Are As Follows: (For Theatre Fees ONLY)

Name	Standard Bank
Code	O50417
Acc No	O80329292
Name	Medical Forum Theatre
Deposit Ref	Patient's name & name of Doctor
Please send a copy of the deposit slip to	
Fax No	086 750 8101
Email	maria@eyeandlasersa.com



KIRLAND INVESTMENTS (PTY) LTD
T/A MEDICAL FORUM THEATRE
209 Cape Road · Mill Park · Port Elizabeth · 6001
TEL: 041 373 0682/84 · FAX: 041 374 0488
Company Reg: 2004/000168/07 · VAT Reg: 4700217393

February 2015

Dear Practice Managers

RE: PATIENT ADMISSION PROCEDURES

Once again kindly take note of our admissions procedure

1) Admissions

- It is the responsibility of the practice to ensure that all patients are given Medical Forum Theatre admission forms to complete.
- Patients are to come in to complete the pre-admission process at least 2 days before the time in order to "Book their Bed" for theatre.
- Only out of town patients are excluded from the pre-admission procedure.
- All relevant admission documentation can be emailed to number@eyeandlasersa.com or faxed to 086 502 3806
- Admission Hours are:
 - Monday – Thursday: 07:00 to 16:30
 - Friday: 07:00 to 16:00
- The following documents are necessary to complete the pre-admission process:
 - Medical Aid Card reflecting details of member and all dependents
 - Copy ID of both the Main Member and the patient
 - A copy of the birth certificate is required in the event of the patient being under 16 years of age
 - Proof of authorization received from their medical aid

Directors: DR Barclay · JT Benade · DP Doubell · P Finestone · AJ Marais · MH Schultz · JA Venter
www.eyeandlasersa.com

2) Authorizations

- No patient will be admitted without a valid authorization from their medical aid.
- Patients that are seen at the last minute and then are "added on to your theatre list" will be held back until the practice notifies MFT of the valid authorization.

3) Theatre Lists

- Kindly email your provisional theatre lists to **both admissions and theatre** at least 48 hours in advance in order for admissions to finalize all their necessary admin processes and for theatre to finalize their planning and preparations.
 - Admissions number@eyeandlasersa.com or fax 086 502 3806
 - Theatre theatre@eyeandlasersa.com or fax 041 373 0986

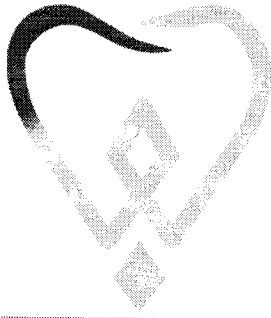
Unfortunately due to an on-going bottle neck at admissions as well as the increase in fraud amongst the medical aids, we now require the strictest compliance to our admissions policy. Please note that no patient will be admitted if this procedure is not followed.

We kindly request your ongoing co-operation in this matter.

Kind Regards



Lynne
Admin Manager



Implant Perio Inc

Periodontics, Implants & Oral Medicine

DR SUZETTE STANDER

Specialist Periodontist
BChD (US/UWC), PDD Implantology (Cum Laude) (UWC),
MChD Periodontics and Oral Medicine (UWC)

Practice Number: 092 000 0546836

ALL SURGERY PATIENTS TO PLEASE TAKE NOTE OF THE FOLLOWING:

1. Dr Suzette Stander is a **cash practice**, and as such all fees are due and payable by the Patient/Legal Guardian on the day of the appointment. Patients are encouraged to submit their cost estimates to their respective medical aids and to liaise with them for pre-approval of the procedure.
2. 50% of the total amount quoted is due and payable at least 10 days prior to the appointment date as confirmation, and the balance will become due and payable on the day of the procedure, prior to the procedure taking place.
3. Upon receipt of your cost estimate for the proposed procedure as discussed with Dr Stander you will also receive the Theatre forms (for theatre procedures); completion and submission of such being the Patient's responsibility. These forms are supplied to us by the Eye and Laser Clinic, thus should you have any queries regarding these forms, kindly contact them directly on the details supplied.
4. The cost estimate supplied by Dr Suzette Stander **does not include** the fees for the hospital or the anaesthetist and is an estimated cost for the procedure. Should Dr Stander find, during the procedure, that more work is required to ensure optimum results in your case, the estimated fee may fluctuate accordingly, however we take all precautions to avoid such instances. Please ensure you have a parent/legal guardian/friend/family member present during your appointment should changes need to be made, which will require consent.
5. An anaesthetist will be arranged for the theatre and should you wish to have sedation performed at our rooms, a seditionist will be arranged for the day. The Patient will be furnished with the contact details for said anaesthetist in order to communicate any concerns and queries regarding health issues, what to expect on the day of the procedure, fees and billing and anything else deemed necessary.
6. **It is ultimately the Patient's responsibility to check with the Theatre if pre-approval is in order 3 days prior to the procedure.**
7. **Any procedure cancelled within 10 days prior to the appointment will be charged for at 25% of the original procedure fee to cover any prior costs related to the procedure. The balance of the 50% deposit paid will be reimbursed thereafter. In the event that a deposit was not paid as directed above, the fee will be allocated to your account and you will be liable for settlement of your account.**

Kindest Regards

Suzette Stander

Patient name: _____

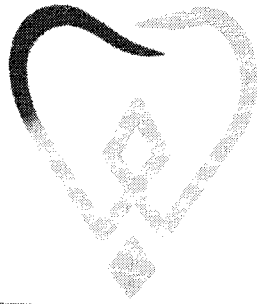
Signed: _____

Date: _____

Tel: 041 363 0124 | Fax: 086 262 2189 | Cell: 081 336 3385 | Email: reception@implantperio.co.za

Website: www.implantperio.co.za

240 Cape Road | Mill Park | Port Elizabeth | 6001 | Eastern Cape | South Africa



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Practice Number: 092 000 0546836

PERIODONTAL CONSENT FORM

Diagnosis: After a careful oral examination and study of my dental condition, my periodontist has advised me that I have gingival disease, occlusal trauma, periodontal disease, mucogingival deformities, partial or complete edentulism. I understand that periodontal disease weakens the support of my teeth by separating the gum from the teeth and possibly destroying some of the bone that supports the tooth roots. The pockets caused by this separation allow for greater accumulation of bacteria under the gum in hard to clean areas and can result in further erosion or loss of bone and gum supporting the roots of my teeth. If untreated, periodontal disease can cause me to lose my teeth and can have other adverse consequences to my health.

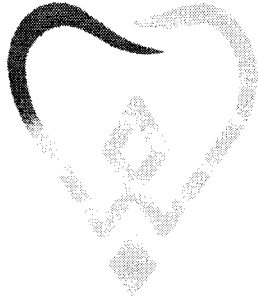
Recommended Treatment: In order to treat this condition, my periodontist has recommended that my treatment includes non-periodontal surgery or periodontal surgery. I understand that sedation may be utilized and that a local anaesthetic will be administered to me as part of the treatment. Some non surgical treatments include oral hygiene and disease prevention, microbial cultures, pocket irrigation antibiotic therapy (systematic or local), polishing and scaling and root planning, occlusal adjustment, occlusal guards, tooth splinting or tooth straightening procedures.

Surgical procedures include but not limited to gingivoplasty, gingivectomy, flap surgery with or without osseous recontouring, osseous/ alloplastic grafts, guided tissue generation, guided bone regeneration, soft tissue grafts, biopsy, frenectomy, crown lengthening, implants, sinus elevations and pre-prosthetic surgery. During the procedure, my gums will be opened to permit better access to the roots and to the eroded bone. Inflamed and infected gum tissue will be removed and root surfaces will be thoroughly cleaned.

I further understand that antibiotics and other substances may be applied to the roots of my teeth. Bone irregularities may be reshaped and/or bone regenerative material may be placed around my teeth. If implants are anticipated, bone augmentation may need to be done prior to implant placement. If implants are placed at the time of surgery, bone may need to be placed simultaneously. Furthermore, pending upon the stability of the implant, either one two stage approach will be performed. If two stage procedure is needed, additional treatment may need to be done such as a soft tissue graft at the time of stage II. If maxillary sinus needs to be elevated, the surgeon will make the decision as to whether the implants will be placed simultaneously. My gums will then be sutured back into position.

I further understand that unforeseen conditions may call for modification or change from the anticipated surgical plan. These may include but not limited to extractions of teeth, removal of hopeless roots or termination of the procedure prior to completion of all the surgery originally outlined.

Expected Benefits: The purpose of periodontal surgery is to reduce the infection and inflammation in order to restore my gums and bone to a healthy condition. The surgery is intended to help keep my teeth in the operated areas and to make my oral hygiene more effective. Pre-prosthetic surgery will allow the restorative dentist to provide a functional prosthesis. It should enable professionals to better clean my teeth.



Implant Perio^{Inc}

Periodontics, Implants & Oral Medicine

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Practice Number: 092 000 0546836

Risks and Complications: I understand that a small number of patients do not respond successfully to periodontal surgery, and in such cases, the involved teeth may eventually be lost. Periodontal surgery may not be successful in preserving function or appearance. Because each patient's condition is unique, long term

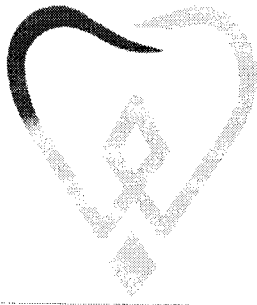
success may not occur. I understand that complications may result from the periodontal surgery, drugs and anaesthetics. These complications include but are not limited to post-surgical infection, bleeding, swelling, pain, possible implant failure, sinus communication/ involvement, vertigo, facial discoloration, transient but on occasion permanent numbness or the jaw, lip, tongue, chin or gums; jaw joint injuries or associated muscle spasm, transient but on occasion permanent increased tooth looseness, tooth sensitivity to hot, cold, sweet, or acidic food, shrinkage of the gums upon healing resulting in elongation of some teeth, exposure of crown margins and greater spaces and food impaction between some teeth, possible tooth caries, cracking or bruising of the corners of the mouth, restricted opening of the mouth for several days or weeks, impact on speech, allergic reactions and accidental swallowing of foreign matter.

The exact duration of any complications cannot be determined and they may be irreversible. There is no method that will accurately predict or evaluate how my gum and bone will heal. I understand that there may be a need for a second procedure if the initial results are not satisfactory. In addition, the success of periodontal procedures can be affected by medical conditions, dietary and nutritional problems, smoking, alcohol consumption, clenching and grinding of teeth, inadequate oral hygiene, and medications that I may be taking.

To my knowledge, I have reported to my periodontist any prior drug reactions, allergies, disease, symptoms, habits or conditions which might in any way relate to these surgical procedures.

Necessary Follow Up Care and Self Care: I understand that it is important for me to continue to see my regular dentist especially for cleaning and caries detection. Existing restorative dentistry can be an important factor in the success or failure of periodontal therapy. From time to time, my periodontist may make recommendations for the placement of restorations, replacement or medications of existing restorations, joining together of two or more teeth, extraction of teeth and root canal therapy. I understand that the failure to follow such recommendations could lead to ill effects which would become my sole responsibility. I recognize that natural teeth and their artificial replacements should be maintained daily in a clean hygienic manner. I will need to come for appointments following my surgery so that my healing may be monitored and so that my periodontist can evaluate and report on the outcome of surgery. Smoking or alcohol intake may adversely affect gum healing and may limit the successful outcome of my surgery. I know that it is important to abide by specific prescriptions and instructions given by the periodontist and to see my periodontist and dentist for periodic examination and preventive treatment. Maintenance also may include adjustment of prosthetic appliances.

No Warrantee or Guarantee: I hereby acknowledge that no guarantee, warrantee or assurance has been given to me that the proposed treatment will be successful. In most cases, the treatment should provide benefit in reducing the cause of my condition and should produce healing which will help me keeping my teeth. Due to individual patient differences, however, a periodontist cannot predict certainty of success. There is a risk of failure, relapse, additional treatment, or even worsening of my present condition, including the possible loss of certain teeth, despite the best of care.



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Practice Number: 092 000 0545836

Publication of Records: I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

I, in sound mind, certify that I have read all the information and have had all my questions answered so that I understand the above consent to treatment, the explanation therein referred to or made, and that all blanks or statements requiring insertion or completion were filled in an inapplicable section, if any, were stricken before I signed.

Signature: _____

Date: _____

Witness: _____

Date: _____

Dr Stander: _____

Date: _____

Assistant: _____

Date: _____



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Practice Number: 092 000 0546836

Please follow these instructions as closely as possible. They are designed to help you heal quickly, and comfortably, with minimal side effects. If you experience any complications. Please call us.

FOR THE REMAINDER OF THE DAY:

- 1) Do not spit. Use a tissue to wipe your mouth as needed, or swallow your saliva.
- 2) Do not use a drinking straw. Drink straight from the cup.
- 3) Do not smoke.
- 4) Keep fingers and tongue away from the surgical area.

Spitting, the use of a straw, smoking and poking can dislodge the blood clot that is forming, and will cause bleeding from the area. Also, smoking can increase the chances of an infection.

FOR BLEEDING:

Some minor bleeding is expected after implant surgery. It will usually subside quickly, and stop within an hour or two after surgery. A little oozing is normal and may persist for several hours. Upper implants may occasionally trigger some bleeding from the nose, and this is normal and will stop quickly.

- 1) Keep gauze on the surgical area with some pressure for 30 to 45 minutes.
- 2) Remove the gauze after 30 to 45 minutes, and replace it with a new piece of gauze if you are still bleeding. It is important to make sure that the gauze is directly on the surgical site. Firm pressure for another hour should stop the bleeding.
- 3) If all else fails, call us.

FOR SWELLING:

Most patients will experience some swelling after surgery in the mouth. It may be mild or severe, and is different for every patient. The swelling will get bigger for the first 24 to 48 hours before it starts to go away. It may last for several days to one week. Some bruising may also develop on the face.

- 1) Use an ice pack on the cheek or face next to the surgical site. Keep it on for 15 to 20 minutes, the off for 10 minutes, and repeat until you go to sleep. Start again the next day.
- 2) Sleep with your head elevated slightly. Above the heart. This will keep swelling down.
- 3) On the third day, change to moist heat instead of ice packs. This will bring the swelling down quicker.

EATING:

You may eat soft foods as soon as the anaesthetic wears off. Try not to chew directly on the surgical site. You may resume a regular diet as soon as you feel up to it. Please stay well nourished, and well hydrated, you will heal faster.

BRUSHING:

You may brush your teeth, avoiding the surgical are, either tonight, or tomorrow morning. Be gentle, and do not spit or rinse forcefully. Start brushing the surgical area on the second day, and be very gentle on the stitches.

RINSING:

You may start rinsing today, gently, with the prescribed mouth rinse. Do not use alcohol-containing mouth rinses.

MEDICATIONS:

You were probably given one or more prescriptions for medications. Take all the medication with a full glass of water, and as directed.

- 1) Antibiotics: Continue until the bottle is empty. Do not quit halfway.
- 2) Pain Medicine; Continue as necessary. Remember that the narcotics can make you drowsy, so no driving, operating machinery or alcoholic beverages while you are taking them.
- 3) Mouth rinse: Swish 10ml for thirty seconds, and spit it out, 2-3 times per day. Do not rinse or eat for 30 minutes afterwards.



**Implant
Perio^{Inc}**

Periodontics, Implants, Oral Medicine

Dr Suzette Stander

Specialist in Periodontics, Implants and Oral Medicine

BChD (US/UWC), PDD Implantology (Cum Laude)(UWC)

MChD Periodontics and Oral Medicine (UWC)

Practice Number: 092 000 0546836

POST-SURGICAL INSTRUCTIONS FOR SOFT TISSUE GRAFTING

Proper care of your mouth following periodontal surgery is very important for the healing process. Each person responds differently and the post-operative discomfort, swelling, and bleeding may vary from procedure to procedure. Please follow these instructions carefully to speed healing and make you more comfortable.

DISCOMFORT AND MEDICATIONS

- Please take medications as directed. Variation from the prescribed regimen can affect healing and success of the surgical procedure.
- The majority of the discomfort is typically within the first 24-72 hours following surgery.
- Pain medication has been prescribed and is best started before the numbness wears off. If taking a narcotic, it is recommended to take it with food, avoid alcohol, and do not drive.
- Antibiotics are to be taken until gone unless otherwise directed. It is recommended to take probiotics to decrease gastrointestinal problems.
- Call if you experience a rash, itchiness, severe dizziness, difficulty breathing, fever, or diarrhea.

SWELLING

- Slight swelling and/or bruising of the surgical area is not unusual and may occur after surgery.
- Gently apply an ice pack wrapped in a thin cloth towel to the outside of your face to minimize the swelling for the first 8-12 hours after surgery (20 minutes on and then off).
- Keep your head elevated above the level of your heart during the first 24 hours. This may necessitate the use of several pillows while sleeping.
- If swelling does occur, it should start to disappear in 3-4 days. If needed after the second day, apply moist heat to the area.

BLEEDING

- Bleeding/oozing may occur for the first 24-48 hours after surgery. If excessive bleeding occurs, apply a moist gauze or tea bag with firm, direct pressure to the surgical site (the tannic acid in the tea will aid in clotting).
- AVOID any positive or negative pressure which may dislodge your clot (such as forceful spitting, rinsing, drinking through a straw, or blowing your nose forcefully).

Tel: 041 363 0124 | Fax: 086 262 2189 | Cell: 081 336 3385 | Email: reception@implantperio.co.za / suzette@implantperio.co.za
| Website: www.implantperio.co.za

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SUTURES

- Sutures (stitches) may have been placed to hold the gums in the proper position for the ideal healing. Some sutures will dissolve on their own. Others will usually be removed 1-2 weeks after surgery depending on your procedure. Some may be left longer, depending on procedure.
- DO NOT disturb the sutures with your tongue, toothbrush, or in any other manner since displacement may impair healing.

APPEARANCE OF THE GRAFT

- During the normal course of healing, the tissue graft may change appearance and color. The color may appear white/gray/red during the healing period. Do NOT be alarmed by the appearance of the graft.
- To minimize the chance of failure, remember that the graft sites should not be disturbed. Minimize movement of the lips and mouth by not pulling your lip out to look at the graft.
- You may have some purple tissue glue around the surgical site. Do not be alarmed if pieces of the glue fall off during healing

DIET

- For your comfort and to protect the surgical area, do not chew until the numbness has subsided. Avoid chewing in the area of the surgery until after sutures are removed. A soft diet is recommended until otherwise directed.
- Remember to drink plenty of liquids and maintain a diet with a normal caloric level. Soft foods high in protein, minerals and vitamins (such as soup, eggs, yogurt, cottage cheese, fish, bananas, applesauce, protein shakes, etc.) help support post-surgical healing.
- When in doubt, blend your food and eat with a spoon. No straws!
- AVOID hard, fibrous, or sharp foods as they may delay the healing (especially seeds, chips, nuts, and popcorn).
- AVOID anything too hot for 48 hours after surgery; cool to lukewarm food and liquids are recommended.

ALCOHOL

- All intake of alcohol should be AVOIDED while on prescribed antibiotics or pain medications.

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ORAL HYGIENE

- Continue to brush and floss the teeth which were NOT involved in the surgery.
- The surgical site should NOT be disturbed for the first 2 weeks of healing except as directed by your doctor.
- The Paroex mouth rinse (chlorhexidine), if prescribed, may be started the day AFTER surgery so as not to disturb the blood clot the first day. Do not use other mouthwashes.
- You will be instructed when to resume brushing and will be given a special toothbrush to use at one of your post-operative appointments.

REST

- Avoid strenuous physical activity, heavy lifting and bending over during your immediate recovery period, usually 2-3 days. This will help to reduce pain, swelling, and help prevent additional bleeding.
- Rest with your head elevated the remainder of the day and sleep with an extra pillow for several nights.

SMOKING

- All smoking should be STOPPED until your sutures have been removed to ensure the best healing and success of your surgical procedure.
- Smoking delays the healing process, increases discomfort, and may encourage bleeding and infection.
- Surgical success rates are decreased in smokers.

DENTURES AND MOUTHGUARDS

- Your dentist will decide when dentures or partial dentures may be worn after the surgery. They must be worn with caution, as pressure can negatively affect the surgical site.
- If you are instructed to wear a clear stent or an upper denture that covers up the roof of the mouth, do NOT REMOVE it for 24 hours NO MATTER WHAT! It may pool with blood, but leave it in there and just swoosh with Chlorhexidine rinse.

If you have any questions or concerns, please contact Dr. Stander. Her 24-hour call number is 081 336 3385. This includes any excessive bleeding, swelling, persistent or severe pain, fever or reaction to the medication.

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OBTAINING MEDICAL AID AUTHORISATION FOR TREATMENT IS THE RESPONSIBILITY OF THE PATIENT

The majority of medical schemes require that their members obtain authorisation before receiving services from health practitioners registered under the Health Professions Act (**see below the list of all HPCSA registered practitioners**).

While acting in the best interest of their patients, some practitioners offer to assist their patients with obtaining authorisation from their medical schemes for the services to be rendered. Unfortunately, this has made most patients who are members of medical aids to believe that it is the responsibility of the health practitioner to obtain authorisation from their medical schemes.

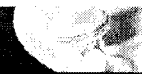
The Council has received complaints against practitioners emanating from this wrong belief and as a result, some patients have experienced financial losses.

Patients who are members of medical schemes are advised as follows:

1. Health practitioners have no relationship with patients medical schemes except that provided for in managed healthcare arrangements
2. The responsibility of obtaining authorisation for treatment or services to be rendered lies with the member of the medical aid after receiving prescribed information from the patient's treating practitioner.
3. Patients are also reminded that it is their responsibility to ensure that the authorisation obtained from their medical scheme covers the scope of treatment or services that will be rendered.
4. Patients should communicate with the practitioner concerned, especially when there is limitation to the authorisation given.
5. Although practitioners help their patients in obtaining authorisation for them, patients still have the responsibility to obtain authorisation.

LIST OF CATEGORIES OF HPCSA REGISTERED PRACTITIONERS

- Dental Therapy and Oral Hygiene
- Environmental Health Officers
- Emergency care Personnel
- Medical and Dental Professions
- Medical Technology
- Occupational Therapy and Medical Orthotics/ Prosthetics
- Optometry and Dispensing Opticians
- Physiotherapy, Podiatry and Biokinetics
- Psychology
- Radiography and Clinical Technology
- Speech Language and Hearing Professions
- Dietetics and Nutrition



MEDIFIN

FINANCIAL SERVICES

Commonwealth Finance South Africa (Pty) Ltd
Reg. no. 2012/154097/07 NCR Reg. no. NCRCP6262

Dear MediFin Partner

Thank you for choosing MediFin as your Finance Partner for your clients. We hope that this partnership will increase your sales volumes and provide your clients with easy and affordable tailored finance options their medical procedures.

This document serves as a short summary of valuable information for your clients and the related procedures to follow;

Pre-Approval Process

- Clients can apply directly under the "APPLY ONLINE" button <https://medifin.co.za/apply-now/>
- MediFin will pre-approve clients with clean credit records and contact them directly to complete the rest of the application process.

Formal Loan Process:

At MediFin:

- Our application form consists of only 2 pages that can be completed and submitted online (see attached);
- All supporting documentation required by FICA is also submitted via email;
- Only the final Loan Agreement as required by South African courts needs to be submitted in original form via courier to our offices.

MediFin can only approve clients that submit the following information (as required by NCR and FICA):

1. Signed Application forms
2. Latest pay slip
3. Clear copy of ID of each applicant (if married in community of property we require both partners' IDs)
4. Latest 3 months bank statements
5. Invoice/Quotation from supplier (yourself) made out to the client

MediFin only approves clients with a clear credit history that passes our internal affordability test. Final credit decisions are submitted back to the original source of application (client or supplier). Only approved clients will get formal quotations (valid for 7 days only).

MediFin Loan Agreement

The final documentation will include the following:

- Pre-agreement statement and quotation
- Loan schedule and agreement
- Credit life insurance agreement
- Debit-order agreement
- Payment authorization letter from the doctor

Once the Documentation is received back it will be paid on the same day to the nominated account:
- **100% of loan amount to supplier/installer/doctor**

MEDIFIN

FINANCIAL SERVICES

Commonwealth Finance South Africa (Pty) Ltd
Reg. no. 2012/154097/07 NCR Reg. no. NCRCP6362

FAQ's:

What is your contact details for enquires or new applications?

Tel: 0861 000 808
Email: info@medifin.co.za

Who do you Finance?

Medifin provide loans to individuals undergoing a medical procedure and to medical practitioners who needs financing for medical equipment.

What is the minimum and maximum period of the loan?

12 months to 60 months

What is the minimum and maximum amount of loans?

R8,000 to R250,000 per individual

What is the Interest rate on the loans?

Medifin offers competitive rate according to the client's credit and affordability profile.

Why does a client have to take out Credit Life Insurance?

Medifin has negotiated a low insurance rate with Regent life and passing on this saving to the consumer. We cover the client's outstanding loan balance repayments against death, disability and a period of loss of employment.

Can I use my own Insurance?

Yes, however clients need to submit a cession letter from their existing insurance to Medifin that covers 100% of the Medifin Loan Balance. Such a process takes long and will hold up the final loan approval. To avoid this, we have formulated the best insurance on offer as part of the package.

Why use Medifin and not my own bank?

We offer no queues at the bank, easy online application process, competitive interest rate and a close working partnership with approved medical practitioners. MediFin also offers a FIXED interest rate at the same low interest rate that most banks offer only as variable.

What can I finance through Medifin?

You can finance all surgeries and treatments not covered by medical aids, including plastic surgery, orthodontics, laser eye surgery, fertility treatments, hospital stays and any other various procedures.

MEDIFIN

FINANCIAL SERVICES

Commonwealth Finance South Africa (Pty) Ltd
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Can I settle my loan earlier and will there be extra costs?

YES – upon requesting an early settlement quote, and there are no early settlement penalty fees.

Can I pay in advance or capitalize my payments?

YES - payments will reflect as advance payments and shorten your repayment period and total interest amount.

Do you finance impaired credit records or people under Debt Review?

NO - this is not advisable as this is an illegal and dangerous practice.

Can we link our website to Medifin or offer an online calculator?

YES - Medifin can also link our "Apply Now" to your site. You can also offer a banner on your website to show your finance capability.