



# SOUTHGATE

## SURGICAL SUITES





#230 3120 32 Street South

Lethbridge, AB T1K 7B4

Phone: 403-942-6777

Fax: 403-942-6779

southgatesurgicaloffice@gmail.com

Southgate Surgical Suites is a new state-of-the-art facility conveniently located in south Lethbridge near Costco. We are a fully equipped, private facility, offering general anesthesiologist services for both dental and approved medical day procedures. We maintain the highest standard of patient safety and care and are an accredited, non-hospital surgical facility, accredited by both the Alberta Dental Association and College and the College of Physicians and Surgeons.

We encourage you to bring your own patients to use our facility, but if this is not possible or feasible, we welcome you to refer your patients who require treatment under general anesthetic to one of our referral dentists, Dr. Shawn Heggie or Dr. James Evanson (see referral sheet).

If you are interested in utilizing our facility and services as a dental provider, please have a member of your administrative team collect the required information outlined in this package.

Your information can be mailed, faxed or emailed to us at Southgate Surgical Suites. We are happy and willing to assist you in any way that we can to make this an easy process for you.

We look forward to working with you!

Regards,

Ryan Thomson

Southgate Surgical Suites

southgatesurgicaloffice@gmail.com

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## PROVIDER PRIVILEGES CHECKLIST

### Clinical Provider Requirements

**Southgate Surgical Suites** requires a folder for each provider that uses our facility. Please find below the information that is needed to complete your file.

#### Reference Letter from the ADA&C

This important document verifies you are a dentist in good standing with the association. This takes between 4—6 weeks to arrive, from the time of request.

Here are the steps for requesting this important document:

- ◇ Contact Cindy Bolster at ADA&C, **preferably by email to:** [cbolster@adaandc.com](mailto:cbolster@adaandc.com)
- ◇ If you have any specific questions phone: **780-432-1012**
- ◇ Information you must provide: **Name, Job Title, Address**
- ◇ Letter should be addressed to Dr. Conway Brewerton, Medical Director and sent directly to:

**Southgate Surgical Suites**  
**#230 - 3120 32 Street South**  
**Lethbridge, AB T1K 7B4**  
**southgatesurgicaloffice@gmail.com**

#### Copy of Practice Permit

Fax or Photo copy only required (please fax, email or deliver to our office).

#### Immunization Records

- ◇ Call the Lethbridge Community Health Unit at: **403-388-6666**.
- ◇ You will need to provide them with your Alberta Healthcare number. They will fax your records to you; **or** if you prefer to pick it up, take your AHC# and one other piece of photo ID to: **801 1st Avenue South, Lethbridge AB** (old train station building).
- ◇ You will need a record of the following:
  - Hepatitis B
  - Tuberculin skin testing
  - Tetanus and Diphtheria toxoids
  - Rubella-vaccine or natural immunity
  - Measles-vaccine or natural immunity
  - Influenza vaccine (strongly encouraged)



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## Support Staff—Dental Assistants

### Copy of Dental Assistant License

Fax or Photo copy only required. (Please fax, email or deliver to our office).

### Immunization Records

- ◇ Call the Lethbridge Community Health Unit at: **403-388-6666**
- ◇ You will need to provide them with your Alberta Healthcare number
- ◇ The front desk receptionist can take your request.

You will need a record of the following:

- Hepatitis B
- Tuberculin skin testing
- Tetanus and Diphtheria toxoids
- Rubella-vaccine or natural immunity
- Measles-vaccine or natural immunity
- Influenza vaccine (strongly encouraged)

They will fax it to you, **or** if you prefer to pick it up, take your AHC# and one other piece of photo I.D. to:

**801 1st Avenue South, Lethbridge AB** (old train station building)



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## FEE STRUCTURE

### Facility Usage Fees—Per Patient

Service Type	Billing Code	Fee
Anesthesia	92216	\$600
Facility Fee	92226	\$600
		\$1,200

**Typical Insurance Coverage will be approximately 50-100% of allotted approved amount.**

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**Referring to:** \_\_\_\_\_ Dr. Shawn Heggie  
**Rollingson & Heggie Dentistry**  
403-381-7423  
335 Columbia Blvd W, Lethbridge T1K 5Y8

\_\_\_\_\_ Dr. James Evanson  
**5th Avenue Dental Clinic**  
403-381-1919  
514 4th Ave S, Lethbridge T1J 0T8

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Parent/ \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## INSURANCE INFORMATION

### PRIMARY

### SECONDARY

Subscriber Name: \_\_\_\_\_  
Subscriber D.O.B: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Subscriber Group #: \_\_\_\_\_  
Subscriber ID #: \_\_\_\_\_

Reason for patient referral: \_\_\_\_\_  
\_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

Date: \_\_\_\_\_ Referring Dr: \_\_\_\_\_  
X-rays available: \_\_\_\_\_ Miscellaneous: \_\_\_\_\_



Date \_\_\_\_\_  
 Family Dr \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Dentist \_\_\_\_\_  
 Pre-Op Dx \_\_\_\_\_  
 Procedure \_\_\_\_\_

**PRE-OP ASSESSMENT**

*Complete 30 days prior to surgery*

Fax or email completed form:

F 403-942-6779 E: southgatesurgicaloffice@gmail.com

<b>ALLERGIES</b>	Y	N	rxn	<b>MEDICATIONS</b>	List
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> list attached	_____
Latex	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____

<b>PRE-OP ORDERS</b>	Y	N	Pending
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>HISTORY</b>	<input type="checkbox"/> see attached				Y	N
Surgical	_____	Medical	_____	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
				Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
				Recreational Drugs	<input type="checkbox"/>	<input type="checkbox"/>
				Adverse rxn to anesthetics	<input type="checkbox"/>	<input type="checkbox"/>
				Family Hx rxn to anesthetics	<input type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL EXAMINATION**

ENT	Normal	Abnormal	Comments
Resp	<input type="checkbox"/>	<input type="checkbox"/>	_____
CVS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuro	<input type="checkbox"/>	<input type="checkbox"/>	_____
GI	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psych	<input type="checkbox"/>	<input type="checkbox"/>	_____

**VITAL SIGNS**

Weight	Normal	Abnormal	Additional Comments
Height	<input type="checkbox"/>	<input type="checkbox"/>	_____
BMI	<input type="checkbox"/>	<input type="checkbox"/>	_____
BP	<input type="checkbox"/>	<input type="checkbox"/>	_____
P	<input type="checkbox"/>	<input type="checkbox"/>	_____
O2	<input type="checkbox"/>	<input type="checkbox"/>	_____

**PT DEMOGRAPHICS**

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 AHC #: \_\_\_\_\_

*This form must be returned to Southgate Surgical Suites **at least 7 days prior to appointment** or surgery will be cancelled.*





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## **ANESTHETIC INSTRUCTIONS - Dental**

**MEDICAL FORM:** You must arrange an appointment with your family doctor to complete the PRE-OP ASSESSMENT FORM. We require a copy in our office 1 week prior to your appointment. Your physician can fax a copy to Southgate Surgical Suites Fax (403) 942-6779.

**INSTRUCTIONS:** Make sure you read and understand **ALL** instructions.

**NOT FOLLOWING THE INSTRUCTIONS CAN BE LIFE THREATENING.**

- Do NOT eat anything for 12 hours prior to appointment.

Last meal before \_\_\_\_\_.

- CLEAR fluids are permitted up to 4 hours prior to your appointment.

Last drink before \_\_\_\_\_.

- ◇ permitted clear fluids are (1) apple juice (2) water (3) clear powerade/gatorade (\*if not on the list, consider it not permitted)
- ◇ prohibited fluids include liquids like milk, yogurt drinks, orange juice, lemonade, citrus drinks.
- Avoid all alcohol 24 hours prior to your surgery.
- Avoid all recreational drugs prior to your surgery.
- No chewing gum or sucking on candy.
- If you develop any acute illness prior to your appointment, promptly notify your dental office and Southgate Surgical Suites. \*\*Symptoms include, but are not limited to, shortness of breath, cough or cold, fever, sore throat, chills, malaise and runny nose. We may need to reschedule your appointment.
- A responsible adult must accompany you home and remain with you as you recover. This time frame can range from 8-24 hours.  
You are not permitted to operate motor vehicles or machinery for 24 hours.
- Bring a current medication list including prescriptions, over-the-counter medications, and herbal supplements.

Electronic devices to occupy wait times and assist with recovery are permitted and encouraged.

Please arrive at the suite on \_\_\_\_\_ at \_\_\_\_\_.

**DO NOT HESITATE TO CALL IF YOU HAVE ANY QUESTIONS.**



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## REFERRAL DENTIST CONTACT INFORMATION

**Dr. Shawn Heggie**  
**Ivory Dental**  
**335 Columbia Blvd W**  
**Lethbridge, AB**  
**T1K 5Y8**  
**Ph: 403-381-7423**  
**Email: [admin@ivorydental.ca](mailto:admin@ivorydental.ca)**

**Dr. James Evanson**  
**5th Avenue Dental Clinic**  
**514 4th Ave S**  
**Lethbridge, AB**  
**T1J 0T8**  
**Ph: 403-381-1919**



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## REFERRAL PHYSICIAN CONTACT INFORMATION

If you do not have a family doctor or cannot get in to see your family doctor, you may see **Dr. Kyle Bourne** on a **ONE TIME BASIS** on **TUESDAYS ONLY** at the following location:

### Family Medical Centre

**Dr. Kyle Bourne**

**2931 20 Ave S**

**Lethbridge, AB**

**T1K 3M5**

**Ph: 403-328-2326**

**Fax: 403-327-0123**

He is also available to see you in Magrath on **MONDAYS, WEDNESDAYS, THURSDAYS** and **FRIDAYS**, on an ongoing basis, for **ANY** general needs that you may have.

### Dahl Clinic

**Dr. Kyle Bourne**

**14 South 1st West**

**Magrath, AB**

**ToK 1J0**

**Phone: 403-758-3363**

**Fax: 403-758-6845**