Dr. Eugene Neo, MBBS, FANZCA
Parkville Anaesthesia Pty Ltd

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Dr C Bolton
Dr P Dawson
Dr I Duncan
Dr B Heath
Dr C Iatrou
Dr M Kim
Dr E Neo
Dr C Olweny
Dr S Robinson
Dr B Schramm
Dr R Simmie
Dr G Stainsby
Dr J Sutherland
Dr J Waters

ANAESTHETIC INFORMATION SHEET

Your child is scheduled to undergo dental surgery under general anaesthesia.

Dr Eugene Neo is a specialist paediatric anaesthetist, and will be involved in your child's medical care before, during, and after their dental procedure.

A pre-anaesthetic assessment will be conducted by telephone a day or two prior, in addition to meeting you and your child on the day of surgery, to formulate an anaesthetic plan. Risks of general anaesthesia will also be discussed, and any concerns or questions addressed.

The pre-anaesthetic assessment will include: -

* Previous anaesthetics and family history of anaesthetic problems
* Past medical history
* Adverse drug reactions
* Current medications
* Recent coughs and colds or illnesses
* Plan for pre-anaesthetic fasting

Please feel free to contact me on ph: 0407 522 004 if you have any questions about the anaesthetic itself. I cannot always speak on the phone at short notice, but will certainly do so when free from operating theatre duties.

Dr. Neo has no direct financial interest in any hospital or health insurance products.

FASTING TIMES PRIOR TO ANAESTHESIA

Adequate fasting prior to any anaesthetic is important to minimise the risk of inhaling gastric contents during the anaesthetic as this may have extremely serious consequences. The fasting guidelines below are adopted from current guidelines at the Royal Melbourne Hospital (adults) and the Royal Children's Hospital (children) where Dr. Neo holds consultant appointments.

Usual medications should be taken as normal with a small amount of water, except treatment of diabetes.

Adults:
No food or fluids for 6 hours prior to anaesthesia

Children over 6 months of age:
No food or non-clear fluids (e.g. milk, orange juice) for 6 hours prior to anaesthesia

Clear fluids e.g. water, cordial allowed up to 2 hours prior to anaesthesia

Unless notified otherwise, please assume the start times for your anaesthetic are 8:00 a.m. (morning list) and 1:00 p.m. (afternoon list) as the list order may be changed at short notice.

FEES

Dr. Neo's fee for the anaesthetic must be <u>PAID</u> in full 5 days prior to your child's dental procedure. Your theatre booking will only be confirmed once your payment has been received by Dr. Neo's office.

A. I DO NOT HAVE PRIVATE HEALTH INSURANCE OR I AM NOT ELIGIBLE FOR GAP COVER UNDER MY PRIVATE HEALTH INSURANCE	
Operation Time Minutes	**Pay Dr. Neo Pre-Operatively**
Up to 30 mins	$ 520.00
31 to 60 mins	$ 760.00
61 to 89 mins	$1,000.00
90 to 120 mins	$1,300.00
121 to 150 mins	Fee quoted individually, please call the office to obtain amount

B. ALL OTHER HEALTH FUNDS THAT OFFER KNOWN GAP	
Phone your health fund & confirm you're eligible for 'Known Gap' and forward payment slip below to Dr. Neo's pre-operatively	
Operation Time Minutes	**Pay Dr. Neo Pre-operatively**
Up to 30 mins	$150.00
31 to 60 mins	$300.00
61 to 89 mins	$450.00
90 to 120 mins	$500.00
121 to 150 mins	$500.00

PATIENT DETAILS

Patient's Name: …… Date of Birth: ……..……..….

Address: …..…… Phone No's. (h) ……..…..…….

……. (Mob) ……..…….……..….

Parents' Names: ……..…….

Private Health Fund Name: ..…….…… Health Fund No: ……..……..……

Surgeon's Name: ..……..…… Date of Surgery: ……

PATIENT/GUARDIAN CONSENT

- I have confirmed with my private health fund that I am financial and eligible for cover under their "Known Gap" scheme.
- Dr. Neo has informed me that he will be administering the anaesthetic for the above-mentioned surgery.
- I agree that Dr. Neo will charge for this anaesthetic service under my private health fund's "Known Gap" arrangement, for which my co-payment contribution is: $.....
- I allow the practice to communicate with me via phone call, SMS and email which may have been supplied from other medical practices. I understand that this request may apply to upfront fees and/or future appointments and reminders, unless I request a change in writing.

Signature of Patient or Parent/Guardian: ……..……...……

Full name in BLOCK LETTERS of the above signed: ……..…

Date: …../…../…….

Pre-operative payment to Dr. Eugene Neo
Post to: Parkville Anaesthesia Pty Ltd, PO Box 2130, Royal Melbourne Hospital, PARKVILLE VIC 3050
Email: **bookings@parkvillegroup.com.au**

Table: (circle) **A** **B** **C** Anaesthetic Time: ……minutes

Credit Card: Card type: M/C VISA (please circle)

Card Number: _ _ _ _/_ _ _ _/ _ _ _ _/_ _ _ _ Expiry date: _ _/ _ _

Name on card: ……

Signature of Cardholder: ……

Payment Amount: $ …….. **Effective: November 2025**