

PATIENT INSTRUCTIONS FOR I.V. CONSCIOUS SEDATION

Patient Name : _____

Date of Dental Treatment : _____

Appointment Time : _____

Prior to the Procedure (Pre-Operative Instructions)

1. DO NOT HAVE ANY SOLID FOOD for a minimum of eight hours prior to your appointment and NO FLUIDS for a minimum of two hours prior to your appointment. Fluids include water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol). You may have small sips of water to take any pre-op medication in addition to your regular medication.

2. **Please bring your health card** and all of your regular medications/ pills / inhalers with you on your appointment date.

3. No alcoholic beverages or recreational drugs for 24 hours prior to the procedure.

4. Please wear loose fitting clothing and low-heeled shoes. Be sure your sleeves allow access to your arm where an intravenous injection is usually given and where blood pressure can be taken.

5. Remove all nail polish.

6. Please ensure that your teeth and gums have been thoroughly brushed before your appointment. Any germs in your mouth can be a potential source of infection and can result in failure of the treatment.

7. **You must be accompanied by a responsible adult who will remain in the office during the procedure and will drive you to the office and home after the procedure.** IV medications can cause prolonged drowsiness. You must have an adult, 18 years and over, stay with you until you can take care of yourself; this may take up to 24 hours.

8. If an emergency occurs and you must cancel your appointment with less than 2 weeks notice, there will be a cancellation charge as indicated on the Informed consent.

9: Failure to comply with any of these instructions may result in the cancellation of your appointment by the Doctor, and the appropriate cancellation fee will be charged

Following the Procedure (Post-Operative Instructions)

1. Do not drive, operate any machinery or complicated devices, or make any important personal, legal, or business decisions for **24 HOURS** immediately following the procedure.
2. Do not consume alcohol, take any recreational drugs, or take any medications not prescribed or recommended by a doctor for **24 HOURS** immediately following the procedure.
3. You must have someone stay with you until you can take care of yourself; this may take up to 24 hours.
4. You may feel tired after the procedure. Do not schedule any activities for up to 24 hours after the procedure.
5. Please follow any prescriptions given by the doctor and take them exactly as prescribed. Take the recommended dosage, at the recommended time intervals, for the recommended number of days.

IF YOU ARE IN DOUBT ABOUT ANYTHING PLEASE CALL THE OFFICE - (705) 653 - 2221

I understand the above, and I hereby confirm that the above instructions have been followed.

Please bring this form to your appointment and sign it no earlier than 1 (one) hour prior to the appointment time.

SIGNATURE PATIENT/PARENT: _____

DATE: _____ **TIME:** _____