

INSTRUCTIONS FOR DENTAL SEDATION

Intravenous sedation will make your dental treatment a very pleasant experience. It is suitable for most people, but if you are not in good health or taking medication, you should tell us so the sedation can be modified to suit your needs.

THESE INSTRUCTIONS ARE SO IMPORTANT THAT FAILURE TO OBSERVE THEM WILL AUTOMATICALLY RESULT IN CANCELLATION OF YOUR TREATMENT THAT DAY.

Therefore, you must report::

1. All personal illness or allergies, no matter how insignificant they may be.
2. Any medication, (e.g.) Vitamins, Birth Control Pills) you have taken within the last 3 weeks.
3. Any diet or herbal supplements taken within the last 3 weeks.

Before your appointment, you must plan you day so that the following instructions can be observed:

1. **PLAN TO HAVE SOMEONE DRIVE YOU FROM OUR OFFICE AND TO STAY WITH YOU FOR AT LEAST 4 HOURS.**
2. **DO NOT EAT OR DRINK ANYTHING FOR 4 HOURS BEFORE THE APPOINTMENT.**
3. **NO ASPIRIN 1 WEEK PRIOR TO THE APPOINTMENT.**
4. **ABSOLUTELY NO ALCOHOL 24 HOURS BEFORE THE APPOINTMENT.**
5. Wear loose fitting clothing with sleeves that can be drawn up past the elbow, and wear shoes with low heels.
6. Remove contact lenses.

The sedative drugs used will cause drowsiness for several hours and alter your judgment and reflexes substantially. They will also alter the actions of certain drugs.

Therefore, after your appointment, you must agree:

1. **NOT TO DRIVE OR OPERATE MACHINERY FOR 24 HOURS.**
2. **NOT TO UNDERTAKE RESPONSIBLE ACTIONS OR DECISIONS INCLUDING WATCHING CHILDREN AND COOKING FOR 24 HOURS.**
3. **ABSOLUTELY NO ALCOHOL FOR 24 HOURS AFTER TREATMENT.**
4. **NOT TO TAKE ANY OTHER DRUGS WITHOUT PRIOR APPROVAL FOR THE NEXT 24 HOURS.**
5. **NO SMOKING FOR 1 WEEK.**

I have read the above instructions and agree to follow them.

Signed _____ Date _____

INSTRUCTIONS FOR PERSON ACCOMPANYING PATIENT

This patient has had medication that will impair his/her judgment, memory and reaction for several hours, **even though he/she may seem responsible and alert.**

We are therefore requesting that you see the **patient home safely and will not leave the patient unattended for at least 4 hours.**

I have read the above instructions and agree to follow them.

Signed _____ Date _____