



IV Sedation Information

PLEASE READ AND RETURN DAY OF SURGERY

You have an appointment booked with Dr. _____ for

At _____ (AM) (PM)

Location _____

The following precautions must be adhered to or the services will not be performed.

1. **DO NOT EAT FOOD OR DRINK ANY FLUIDS** including mints, gum, or candy **12 hours before** your appointment. Failing to adhere to these instructions will lead to cancellation of your appointment due to the complications that may arise.
2. **IV SEDATION**
 - ✓ Take Tylenol 1 ½ hours before surgery with a small amount of water (3 tablespoons)
 - ✓ *If allergic-* DO NOT take anything.
 - ✓ ADULTS: 1000mg of Tylenol (3 regular strength or 2 extra strength)
3. Any medicals must be reviewed at our office 1-2 weeks before surgery.
4. **We must talk to you between 9:00A.M. - 11:00 A.M. 2 days before your surgery to confirm your appointment time.**
 Your appointment will be moved to the end of the day if we are unable to contact you. You must be available on short notice the day of surgery as your appointment time may vary. **To contact us, please call the numbers above.**
5. You must arrange for someone to accompany you. They will need to be present during the recovery time and be able to accompany you home. Responsible adults only please.
6. You will not be able to drive or operate any vehicle or machinery including household appliances for 24 hours after your appointment.
7. The use of alcohol and certain other drugs **ONE** day before and **ONE** day after may be life endangering and should be avoided.
8. In your own interest and that of other patients please notify this office if you should develop a cold, influenza, sore throat or other infections immediately before your appointment. Your appointment may be rescheduled.
9. Please remove all tongue rings, choker style necklaces, fingernail polish and contact lenses, **prior** to your appointment.

CONSENT FORM

I have received and carefully read the pre-operative and post operative instructions pertaining to dental surgery and the

administration of an IV sedation regarding _____
 and agree to follow them. I further consent to the administration of the said dental surgery and IV sedation.

I have full decision making authority for the above listed minor or ward of the court.

 (Patient, Parent, Guardian)

 (Date)

 (Witness)