

## **ORAL SEDATION INSTRUCTIONS TO PATIENTS**

### **PRE TREATMENT INSTRUCTIONS**

Do not eat anything six (6) hours prior to your appointment. Do not drink alcohol the night before your appointment or take any prescription grade pain relievers within the 12 hour period prior to your scheduled appointment time. If your appointment is in the morning, you may drink water or juice and have a light breakfast. **NO CAFFEINE (coffee, tea, sodas, etc.)** Patients with afternoon appointments may have breakfast but try to not eat 6 hours before your appointment. If you have any medical condition that conflicts with these instructions, please contact our office.

Medications normally taken should be taken unless instructed otherwise. They may be taken with a sip of water. Changes in health such as developing a congestion or flu may necessitate rescheduling due to safety considerations. If possible please inform our office 24 hours prior to your appointment

Dress comfortably. Short sleeves and a sweater or sweatshirt if desired. Wear baggy pants if you are cold natured.

**You must have an adult that can drive you home after the procedure. We have an office pager that your driver can have so that if they have an errands to run we can easily page them 30 minutes or so before you are ready to leave.**

Do not plan to drive or operate machinery for twenty four (24) hours after the appointment. Do not take a bus or taxi.

After returning home, the patient should rest for the remainder of the day. A responsible adult should be with the patient until the next day.

### **CONSENT FORM FOR ORAL SEDATION**

The following is provided to inform our patients of choices and risks involved with having treatment under sedation. This information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment. Their choices for pain and anxiety management in our office are basically three: local anesthesia, mild oral sedative, or conscious sedation "twilight sleep." These options can be administered, depending upon each individual patient's medical requirements, in the office or in a hospital setting.

I, \_\_\_\_\_, hereby authorize and request Schleicher Dental Group to perform the anesthesia by oral sedative as previously explained to me and any other procedure deemed necessary or advisable as a corollary to the planned sedation and anesthesia. I consent, authorize, and request the administration of such anesthetic or an oral sedative by any route that is deemed suitable by the administrator for me or my child.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia, including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and fluctuations in breathing pattern, heart rhythm, and/or blood pressure.

I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation, and sedatives vary. Of the three, local anesthesia is usually considered to have the least risk and conscience IV sedation is the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the doctor of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reasons I understand that I must inform the doctor if I am a nursing mother.

Because medication, drugs, anesthetics, and prescriptions may cause drowsiness and uncoordination which can be increased by the use of alcohol or other drugs. I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours or longer until recovered from the effects of the anesthetic, medications, and/or drugs that may have been given to me for my care. I have been advised not to make any major decisions until after recovery from anesthesia.

I have been fully advised of and completely understand and accept the possible risks and dangers for me or my child. I acknowledge the receipt of and understand both preoperative and post-operative anesthesia interactions for me or my child. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my anesthesia and am satisfied with information provided to me.

I understand the danger of operating machinery or driving under the influence of the sedative and will not drive to or from my dental appointment while under the influence of the sedative. I will have an adult accompany me and drive me to and from the appointment.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE SIGN & RETURN THIS CONSENT FORM ON THE DAY OF YOUR APPOINTMENT**



Our practice is pleased to offer “sleep dentistry”, which is just that: we perform difficult or extensive procedures while you sleep lightly– sometimes in a matter of two to three hours. For fearful patients, or those on the run, sleep dentistry affords the care you need in a single session.

After an initial consultation where the entire process is explained in detail, we'll schedule you for medication. Before your visit, we will prescribe a mild oral sedative pill. The sedative will diminish fear and anxiety, and produce a pleasant state of relaxation.

At your appointment you will be drowsy, but thoroughly responsive. Our sleep dentistry team monitors your every move throughout. Another big plus: Most patients don't feel a thing, and we can work uninterrupted.

Best of all, when you awake, you'll be done with dentistry for a while and feel relaxed and comfortable when you return home.