



## **Instructions and Consent for Patients Receiving Intravenous Conscious Sedation Techniques**

1. **Do not EAT or DRINK anything six hours prior to appointment.**
2. Any personal illness, weakness, or known susceptibility must be reported; also, details of drugs recently prescribed or being taken especially sleeping drugs, tranquilizers or cortisone preparations.
3. Please wear a short sleeve shirt or blouse.
4. A responsible friend or relative **must stay in clinic** for the entire procedure and accompany patient home,
5. Any patient accepting any appointment for these techniques must specifically agree:
  - Not to drive a vehicle or operate any machinery the same day
  - Not to undertake any responsible business matters
  - Avoid alcohol
6. If for any reason the appointment cannot be kept, please give sufficient advance notice for the time to otherwise be allotted.
7. All intravenous solutions are irritating to some degree and although all precautions will be taken to minimize these effects, vein irritation following these procedures can occur. Your doctor will explain this further.

I HAVE READ THE ABOVE INSTRUCTIONS AND CONSENT TO HAVING MY DENTAL TREATMENT DONE WITH INTRAVENOUS CONSCIOUS SEDATION.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_