

INSTRUCTIONS FOR SEDATION

You will be receiving conscious sedation for your upcoming dental appointment. Please carefully review and follow the instructions below as they are necessary for us to provide you with the highest level of care. If you have any questions or concerns, please contact us at **905-842-5051** and we will be more than happy to assist you.

BEFORE YOUR APPOINTMENT:

1. Keep this form with you until your visit as a reference.

2. A responsible adult must drive you to your appointment and must accompany you home after the visit. It is important to arrange for someone to care for you at home the first night after your treatment. Sedation cannot be given unless these conditions are met.

3. Fasting Requirements:

- 8 hours after a meal that includes meat, fried or fatty foods;
- 2 hours after clear fluids (such as water, clear fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).
- 4. Please wear loose, comfortable clothing.

5. Please inform our office if there is any change in your health in the week before your appointment, even if it seems to be a minor. We will assess the situation and determine if the appointment needs to be postponed

6. Medications which are regularly used, especially for heart problems or high blood pressure, should be taken with a sip of water the day of surgery. Discuss this with your dentist. It is important to disclose all medical conditions, or drugs used, as this could affect your response to the anaesthetic.

AFTER YOUR APPOINTMENT:

- 1. It is necessary for you to arrange to have a responsible adult drive you home after the visit and to care for you at home the first night after your treatment. Going home by taxi or by public transportation is not permitted.
- 2. You must not drive a vehicle, operate hazardous machinery, make decisions that require clarity of thought, or consume alcohol for a minimum of 18 hours, or longer if drowsiness or dizziness persists.

I have read the above instructions and have been given the opportunity to ask questions.

NAME:	DATE:	
SIGNATURE:		

