

MEADOWBROOK DENTAL CENTRE

**PART 1: INSTRUCTIONS TO PATIENTS HAVING DENTAL PROCEDURES
UNDER CONSCIOUS SEDATION**

**PLEASE READ THIS INFORMATION CAREFULLY PRIOR TO YOUR TREATMENT DATE AND
FAMILIARIZE YOURSELF WITH THE FOLLOWING REQUIREMENTS PRIOR TO YOUR SCHEDULED
SURGERY**

1. Keep this form with you until your final pre-operative visit as a reference. You will be asked to sign a consent form prior to your sedation treatment.
 2. Do not bring your car on the day of surgery unless someone else will drive you home. You are not allowed to operate a motor vehicle or hazardous machinery for minimum of 18 hours following the sedation or longer if drowsiness or dizziness persists. Likewise, you should not ingest alcohol, take unprescribed medications, or make critical decisions for minimum of 18 hours. You must also arrange to have a responsible adult companion to accompany you home after the sedation and to care for you at home the first night after your treatment. Sedation cannot be given unless these conditions are met.
 3. The minimum duration of fasting prior to your appointment:
 - § 8 hours after a meal that includes meat, fried or fatty foods;
 - § 6 hours after a light meal (such as toast and a clear fluid), or after ingestion of infant formula or nonhuman milk;
 - § 4 hours after ingestion of breast milk; and
 - § 2 hours after clear fluids (such as water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee, but NOT alcohol).
 4. Please wear loose, comfortable clothing.
 5. In the event of a change in your health, even minor illness, in the week prior to your operation, please contact us as postponement may be necessary. Likewise, if you are unable to attend as planned, please notify us as soon as possible. Failure to keep your appointment, without notification, may result in a cancellation charge.
 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.
-

MEADOWBROOK DENTAL CENTRE

PART II: CONSENT FOR CONSCIOUS SEDATION

I certify that I have read, understand and agree to the conditions as outlined in the previous form "Part I, Instructions To Patients Having Dental Procedures Under Conscious Sedation".

I consent to sedation techniques and/or any other anaesthetic procedures as necessary, during the surgical procedure explained to me by my surgeon Dr. _____ for myself or for my child _____ for whom I certify that I am the legal guardian.

The sedation will be provided by Dr. _____, who may use assistant(s) as required.

The following procedures have been explained to me. _____

I understand and consent to them, as well as any reasonable and appropriate treatment that Dr. _____ may encounter during the sedation.

Signature of Patient or Legal Guardian

Printed Name of Patient

Date

Witness