

IV Sedation Patient Instructions

PLEASE READ AND RETURN THE DAY OF SURGERY

_____ has an appointment booked with Dr Bryan Murray,
for _____ at _____. Nanton Dental Care,
2209, 20 St, Nanton, AB. (403) 646-2465.

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

1. **DO NOT EAT OR DRINK ANY FLUIDS OR FOOD**, including mints, gum, or candy for **6 HOURS BEFORE** your appointment. Failing to adhere to these instructions will lead to cancellation of your appointment due to complications that may arise.
2. **BEFORE GENERAL ANAESTHETIC: if allergic do not take anything**
Take Tylenol 1.5 hours before surgery with a very small amount of water (3 Tbsp)
Adults: 1000mg Tylenol (3 regular strength, 2 extra strength)
Children: Dosage as directed per weight of child
3. Medical History must be provided for review 2-3 weeks (minimum) prior to surgery.
4. Surgical appointment must be confirmed with Patient or Guardian 2 days prior. Your appointment will be moved to the end of the day, if possible, or cancelled. You must be available on short notice the day of surgery as your appointment time may vary.
To contact us please call: 403-646-2465.
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 drugs **ONE** day before and **ONE** day after may be life endangering and should be avoided.
8. In your own interest and that of the 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 facial piercings, tongue rings, jewellery, fingernail polish and contact lenses, prior to your appointment.

Consent:

I have received and have carefully read the pre and post operative instructions pertaining to dental surgery and the administration of a dental anaesthetic or IV sedation regarding _____ and agree to follow them I further consent to the administration of the said dental surgery and anaesthetic. I have full decision making authority for the above listed minor or ward of the court.

(Patient, Parent, Guardian)

(Date)

(Witness)