



FORD AVENUE FAMILY
DENTISTRY

10230 Ford Avenue • Richmond Hill, GA 31324

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Pre-Operative Instructions for Intravenous Conscious Sedation (IV Sedation)

- You can **NOT** have anything to eat or drink **six (6) hours** prior to your scheduled sedation appointment. You may have a small amount of water up to two (2) hours prior to your appointment to hydrate your veins or to take medication if needed. Drink a lot of water the day before your appointment and limit your caffeine and alcohol intake the day before your appointment.
- Report to Dr. Wallace and/or his assistants any recent changes in your health history or any onset symptoms of sickness, especially fever or respiratory illness such as colds, runny or stuffy nose or flu like symptoms.
- **Continue to take your normal daily medications unless otherwise instructed by the doctor.** Diuretics and hypoglycemic agents are the only exception to this rule and they should not be taken the morning of your sedation appointment.
- If we prescribe medication to be taken prior to your appointment, please take the medication as directed with a very small sip of water only.
- Wear comfortable, loose, short sleeved clothing to allow access to your arms. Dr. Wallace must be able to access your arm and waistline for blood pressure and heart rate monitoring. Please remove your contact lenses, all jewelry, watches, make-up including eyeliner and mascara. Leave your valuables at home or with your escort.
- A parent or responsible adult with authority to make decisions on your behalf must accompany you to your appointment. **Your escort will need to stay at our office for the entire duration of your appointment** so they are accessible to Dr. Wallace at any time for questions or needed decisions. This person will also be responsible to drive you home after your appointment.

YOU WILL NOT BE ABLE TO LEAVE WITHOUT AN ADULT ESCORT

- Please remember to arrive 5 minutes prior to your appointment for check-in. If you have any questions, please note them and you will be given the opportunity to discuss them before your appointment or you may call the office at (912)756-2936.
- The above instructions are very important to your health and safety. Failure to comply may result in the cancellation of your appointment.

Your appointment for surgery is on

_____ at _____

If you have any questions, please call (912)756-2936

**Disclaimer: These pre-operative instructions are for general use only. Dr. Wallace and his assistants will give you specific instructions based on your personal medical history prior to the day of your surgical procedure.

Consent for Intravenous Conscious Sedation

I have been informed and understand that occasionally there are complications associated with IV conscious sedation, including but not limited to: pain, hematoma (bruising of the vein), phlebitis (inflammation of the vein), infection, swelling, bleeding, numbness, discoloration, nausea, vomiting, allergic reaction, and in extremely rare instance intra-arterial injection with damage to the part of the body supplied by the artery, brain damage, or death.

I agree to the following: (1) I will refrain from eating and drinking for six (6) hours prior to my dental appointment; I understand that except for taking prescribed medications with a small amount of water. (2) I will refrain from consuming any alcoholic beverages for 12 hours before and 24 hours following this procedure. (3) I will disclose to the doctor any and all drugs and medications I am currently taking. (4) I have disclosed any abnormalities in my current physical status or past medical history including any history of drug or alcohol abuse or any abnormal reactions to any drugs/medications which I have taken. (5) I will arrange for a responsible adult to drive me to and from the office, and stay with me at home until the effects of the sedation have worn off. (6) I will refrain from driving a motor vehicle or operating dangerous machinery for the remainder of the day I received sedation.

It has been explained to me that during the course of a dental treatment unexpected conditions may be revealed that necessitate an extension of the original planned dental treatment. I therefor authorize and request that Dr. Wallace and/or assistant perform such related treatment and administer whatever is necessary and desire in the exercise of their professional judgment.

I have read the information and I understand and agree with it. I give my consent for my anesthesia to be provided by Ray Wallace, DMD. If at any time during the surgery I become combative or cannot be sedated comfortably with the maximum allowable medication, Dr Wallace will stop the surgery and refer to the hospital for treatment completion. I give my consent for the performance of any and all procedures related to IV conscious sedation as presented to me during consultation and treatment plan presentation by the doctor or as described in this document.

If the patient is under the age of 18 years, a legal guardian must sign. Please state the relationship of the legal guardian to the patient.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

Date: _____

(Printed Name of Patient)

(Printed Name of Witness)

(Signature of Patient, Parent/Guardian & Relation)

(Signature of Witness)