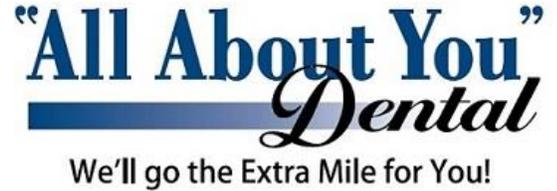


INSTRUCTIONS FOR OUTPATIENT IV SEDATION



You have elected to have intravenous sedation for a dental/surgical procedure. A catheter will be placed in a vein in your arm or hand. Drugs will be administered making you relaxed, sleepy and even causing some level of amnesia. You will not be unconscious. Local anesthetics may be used in addition to control pain during surgery. Because of your sedated condition, you must adhere to the following recommendations for your safety and recovery:

1. Your medications will prevent you from moving unattended and from driving; therefore, we require that you be accompanied by your escort who is responsible for your care following your procedure. If you do not come with a responsible escort, your appointment will be cancelled.
2. **Your escort must be present** when checking in for the procedure and when finished so that you may be discharged to go home immediately following your recovery. This escort must remain with you **for 8 hours** to provide or seek help if needed.
3. **DO NOT EAT for 8 hours** prior to surgery. You may have **clear liquids** (water, Gatorade, sprite, black coffee w/no cream, apple juice) up to **2 hours** prior to surgery.
4. Do not bring your children
5. Wear comfortable, loose fitting clothing. Avoid nail polish/fake nails/make-up; if possible. Please do not wear contact lenses; if possible.
6. **DO NOT** consume any alcoholic beverages within 24 hours before or after surgery.
7. Be sure to advise us of any medications or pills you are taking including aspirin or birth control pills. Take your regular medications as scheduled unless otherwise advised.
8. **DO NOT** operate vehicles, handle a firearm, drink alcohol, or sign legal documents for at least 24 hours after surgery and while taking your post-op narcotic pain medications if prescribed.
9. Females: Please update us concerning potential pregnancy or recent positive pregnancy tests.

I understand my responsibilities as listed above. I agree to adhere to my responsibilities as a patient.

Name: _____

Signature: _____ Date: _____

Signature of Guardian: _____ Date: _____

Phone #: _____ - _____ - _____