CENTRAL DENTAL GROUP

MINIMAL SEDATON

PRE-OPERATIVE INSTRUCTIONS:

1) YOU WILL NOT BE ABLE TO DRIVE HOME. YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT, AND MAY TRAVEL BY PRIVATE VEHICLE OR TAXI.
2) DO NOT EAT OR DRINK FOR 2HOURS PRIOR TO YOUR APPOINTMENT TIME.
3) TAKE ALL REGULAR MEDICATIONS AT THEIR USUAL TIME WITH SIPS OF WATER, UNLESS YOU HAVE BEEN INSTRUCTED OTHERWISE BY YOUR DENTIST OR PHYSICIAN.
4) WEAR LOOSE COMFORTABLE CLOTHING. DO NOT WEAR NAIL POLISH.
5) REPORT ANY HEALTH CHANGES PRIOR TO YOUR APPOINTMENT.

POST-OPERATIVE INSTRUCTIONS

1) AFTER YOUR APPOINTMENT, YOU MUST NOT OPERATE A MOTOR VEHICLE OR HAZARDOUS MACHINERY FOR AT LEAST 18 HOURS. YOU MAY BE DROWSY FOR THE REMAINDER OF THE DAY AND SHOULD NOT CONSUME ALCOHAL AND OTHER DRUGS WITH SEDATIVE PROPERTIES OR MAKE IMPORTANT DECISIONS.
2) DEPENDING ON YOUR DENTAL TREATMENT, YOU MAY NEED TO MODIFY YOUR DIET. THIS WILL BE REVIEWED WITH YOU PRIOR TO LEAVING THE OFFICE.
3) IF YOU HAVE ANY CONCERNS FOLLOWING THE APPOINTMENT, CONTACT THE OFFICE AT 416-789-1372 FOR ADVICE.

CONSENT I have been explained the risks, benefits, and limitations of oral sedation. I consent to the administration of oral sedative drugs combined with nitrous oxide and other drugs as deemed necessary. I have also been explained the proposed treatment as presented to me. I am aware of the options to treatment; the associated risks and I have been given the opportunity to ask questions. I agree to be responsible for any associated fees. These instructions are for your safety. Failure to follow them could result in cancellation of your procedure and a fee will apply.

X _____ _____ SIGNATURE DATE