



connect with us
416 469 5261

930 Queen Street, East
Toronto Ontario M4M 1J5

www.queenstreetdentalcentre.ca
info@qsdcc.ca

send us a fax
416 469 3625

Patient Instructions for Intravenous Conscious Sedation and Consent to Treatment

BEFORE YOUR APPOINTMENT

1. You **MUST** arrange to have a responsible adult drive you home at the end of your appointment, assist you to your door and stay with you for the remainder of the day.
2. Do **NOT** eat for 8 hours prior to your appointment after a meal that includes meat, fried or fatty foods; 6 hours after a lighter meal (such as toast and a clear fluid). You may have clear fluids (such as water, clear juice, tea, etc., but not milk) up to 2 hours before your appointment time. It is essential that the stomach be empty at the time of the appointment.
3. The only exception to the above instruction applies if you take medications on a regular basis. Unless advised otherwise, you **MUST** take your usual medications at the regularly scheduled times, with a sip of water.
4. Do not wear nail polish, jewelry or heavy makeup. Wear comfortable, casual and loose-fitting clothing with short sleeves.

FOLLOWING YOUR APPOINTMENT

1. You must **NOT** drive a car or operate machinery for at least 18 hours. You may be drowsy for the remainder of the day and should be recovering at home in the care of a responsible adult until you are fully alert.
2. Nausea (and vomiting) may occur after this type of procedure. Try to take liquids as soon as you feel ready. If liquids are tolerated, proceed with solid food in moderation.
3. Do **NOT** drink any alcoholic beverages for 18 hours after the appointment.
4. Soreness and possibly a bruise around the site of the intravenous needle are expected. Swelling, red or blue colouration and/or pain far above the needle site may occur, but if so, this should be brought to our attention as soon as possible.
5. In the case of an emergency, please contact Dr. James Sugarman at the office **416-469-5261** or cell **416-994-9559**.

CONSENT

I have been explained the risks, benefits and limitations of intravenous conscious sedation. I consent to the administration of intravenous sedative drugs 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