



ORAL SEDATION INSTRUCTIONS

PLEASE READ THIS INFORMATION CAREFULLY PRIOR TO YOUR TREATMENT DATE AND FAMILIARIZE YOURSELF WITH THE FOLLOWING REQUIREMENTS:

Keep this form as a reference until the completion of your treatment. You will be asked to sign a consent form prior to your sedation and treatment.

1. Do not eat any solid food 4 hours before the appointment.
2. You must have somebody drive you home after the appointment and you cannot be left unattended for a minimum of 2 hours afterwards.
3. You cannot drive a motorized vehicle, or operate hazardous machinery, or consume alcohol for a minimum of 18 hours or longer if drowsiness or dizziness persists.

If you have any questions or concerns, please don't hesitate to contact the office at 634-6221

CONSENT FOR CONSCIOUS SEDATION

I certify that I have read, understand and agree to the conditions as outlined above.

I consent to sedation techniques and/or any other anesthetic procedures as necessary, during the surgical procedure explained to me by Dr. D'Aoust for myself or for my child, for whom I certify that I am the legal guardian.

Signature: _____

Date:

Response Date: