

EXPERTISE DENTAL



Sedation Consent Form

PLEASE NOTE: PATIENTS MAY NOT DRIVE WHILE ON SEDATION MEDICATION

Patient Name: _____ Appointment Time: _____
Driver's Name: _____ Driver's Phone Number: _____

IMPORTANT REMINDERS TO REVIEW WITH PATIENT (OR PARENT IF A MINOR):

- NO sedative for 24 hours prior to or after sedation appointment (alcohol, Benadryl, sleep medications, etc.)
- NO stimulants for 12 hours prior to or after sedation appointment (caffeine or nicotine)
- If patient is a female, and within childbearing age, patient indicates that there is not a chance of pregnancy.
- NO allergies or sensitivities to benzodiazepines (Valium or other antianxiety medications)
- Patients understands that they should NOT be operating any heavy equipment, or hazardous devices. They understand that their ability to drive will be impaired and they MUST have a responsible person bring them to their appointment (NO UBER, LIFT, TAXI, ETC.), as well as take them home, and remain with them for the remainder of the day of the appointment.
- NO heavy lifting, stairs (without assistance), or rigorous exercise for 24 hours after the sedation appointment (possibly longer depending on the type of surgery the patient is having)
- Patient understands that they should not make any important decisions, legal or financial, nor should they sign any charge sales slips or write checks for 24 hours after the appointment.

INSTRUCTIONS FOR TAKING MEDICATIONS:

Patient to take (1) Triazolam .25mg 1 hour prior to their dental appointment.
Please bring the remaining prescription to your appointment, as the doctor will manage your care throughout you visit.

Signature of Patient (Guardian/Parent if Minor)

Date

Signature of Expertise Dental Professional

Date