

## Pre-Sedation Instructions

### Transportation/Discharge from Clinic

- A responsible adult must accompany you home in a car or taxi. This person needs to stay with you for 12 hours and should be able to physically support you. We require the name and phone number of your companion prior to the dental procedure.
- You cannot drive for 24 hours following the dental procedure.

### Food, Beverage, and Smoking

- Do not eat or drink for 8 hours prior to the dental procedure with the exception of a sip of water to take your regular medications and antibiotics (if prescribed).
- No alcohol for 24 hours prior to and following the dental procedure.
- Do not smoke the morning of the dental procedure.
- Do not use any recreational drugs (e.g. marijuana) for at least 24 hours prior to the procedure.

### Medications

- Take all prescription medication as usual on the day of the procedure, unless we have told you not to. If you have an inhaler for asthma, bring it to the appointment with you.
- **Diabetics:** Do not take your diabetes medication, but still take a blood sugar reading the morning of your procedure. Bring your blood sugar monitor with you to the appointment.
- If we have prescribed any medication, **please have the prescription filled at least a few days prior to the dental procedure.**

### Clothing/Personal Care

- Please wear a dark coloured short-sleeved shirt and pants. No skirts or dresses.
- Do not wear contact lenses, cologne or perfume, make-up, nail polish, or jewelry. Long hair needs to be tied back.
- Men: facial hair needs to be trimmed short around the lips if you are having implant treatment.

### Health

- Any change in your health status (e.g. illness, medication change) needs to be reported to the office prior to the dental procedure.
- Women: we need to know if you are pregnant, trying to become pregnant, or breastfeeding.

**Failure to comply with these instructions will result in a cancellation and an additional \$500.00 charge.**

X

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Patient (Parent or Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name