



Advanced Implant
and Cosmetic Dentistry

PRE-TREATMENT INSTRUCTIONS FOR IV SEDATION

Before treatment Dr. Greenman will ask you several questions about your health. Please answer all the questions and report any health problem that you may have, any medications or drugs that you are taking and any allergic or unusual reactions to drugs. Please report on any drugs that you might be taking including alcohol, coffee, tea, cigarettes, recreational drugs, aspirin, birth control pills or any other prescribed or over-the-counter drugs. Also, please report if you have an unusual reaction to certain food, insect bites, anesthetics, pollens or dust and if you suffer from any blood or bodily diseases, gum or skin reactions or abnormal bleeding.

During treatment, your doctor will administer an anesthetic drug that will make you sleepy so you will not be as aware of the dental treatment. You need to know, that some soreness or pain and bruising at the site of the needle insertion is normal. However, some complications may occur after using anesthetic drugs, which include numbness, swelling, bleeding, nausea, vomiting, and allergic reaction. If any of these complications occur, please notify Dr. Greenman immediately.

Please follow these instructions carefully:

1. Wear comfortable and loose clothing without sleeves for your treatment.
2. DO NOT take anything in your mouth for 4 hours prior to treatment. You may have clear liquids such as water or clear juice up to 2 hours before the treatment. DO continue to take doctor prescribed medications unless specifically instructed not to by Dr. Greenman.
3. DO NOT drive any vehicle or operate any other machine for 24 hours after the treatment, and until you are fully recovered from the effects of the anesthesia or drugs given to you. Ask a person to accompany you and to drive you home after the treatment.
4. DO NOT take any pain medicine or sedatives of any kind for at least 24 hours after the treatment without contacting Dr. Greenman first.
5. DO NOT drink alcohol or anything that contains alcohol for 24 hours after treatment.
6. Be aware that 30 minutes after your first meal after treatment, you may again notice some effects such as sleepiness, tiredness or dizziness. These are normal and will go away within a few hours.

Before you leave, Dr. Greenman will explain to you what to do after treatment and will give you instruction on what to do and who to contact in the event of any complication. Please follow these instructions carefully. If anything is not clear, please ask Dr. Greenman before you begin treatment. **805.496.9555**



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Post Sedation Instructions

1. Go home and rest for the remainder of the day.
2. Do NOT perform any strenuous activity. You should remain in the company of a responsible adult until you are fully alert.
3. Do NOT drive a motor vehicle or perform any hazardous tasks for the remainder of the day.
4. Do NOT take any alcoholic beverages or any medication for the remainder of the day unless you have contacted me first.
5. Do NOT attempt to eat a heavy meal immediately. If you are hungry a light diet (liquids and toast) will be more than adequate.
6. A feeling of nausea may occasionally develop after sedation. The following may help you feel better:
 - a. Lying down for awhile
 - b. A glass of cola beverage



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Consent for intravenous conscious sedation

Dr. Greenman has explained to me the nature and the various types of sedation treatment used in dentistry. I was informed of the choices, risks, and benefits involved with having treatment under intravenous (IV) conscious sedation. I understand that I have the right to discontinue treatment at any time.

I, _____, hereby authorize Dr. Greenman to perform the sedation procedure as previously explained to me, and any other procedure deemed necessary or advisable as part of, or as an addition to, the planned sedation procedure during this treatment. I hereby consent to the administration of such sedation by any route suitable by Dr. Greenman. I understand that Dr. Greenman will have full charge of the administration and maintenance of the sedation.

Following the detailed explanation of the treatment involved I understand, and agree, that on the day of treatment I will:

1. Take nothing in my mouth except for limited clear liquids for 4 hours before my appointment. I understand that I am to **take any prescribed medications** unless specifically advised not to do so.
2. Wear comfortable loose-fitting and sleeveless clothing.
3. NOT DRIVE any vehicle or operate any other machine and I will have a person to accompany me and to drive me home. Also, I will NOT drive any vehicle or operate any other machine for at least 24 hours after my treatment and until I am fully recovered from the effects of the anesthesia or drugs given to me.
4. Inform my doctor of ANY MEDICATIONS or DRUGS that I might have taken including alcohol, coffee, tea, cigarettes, recreational drugs, aspirin, birth control pills or any other prescribed or over-the-counter drugs.
5. Not take any pain medicine or sedatives of any kind for at least 24 hours after the treatment without contacting Dr. Greenman.
6. Not drink alcohol or anything that contains alcohol for at least 24 hours after the treatment.
7. Be aware that 30 minutes after my first meal following treatment, I may again notice for sedative effects such as sleepiness, tiredness or dizziness. I understand that this is entirely normal.

I understand that there are some complications that may occur after administration of sedative drugs which include, but not limited to, pain, bruise, soreness at the site of

needle, numbness, swelling, bleeding, nausea, vomiting, and allergic reaction. I further understand the risk that such complications may require hospitalization.

To my knowledge, I have given accurate report of the health history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or bodily diseases, gum or skin reactions, abnormal bleeding or any other condition relating to my health, or problems I have experienced with any prior medical, dental or other health care treatment.

I understand that sedative medications and other drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Greenman of a suspected or confirmed pregnancy. I understand that my pregnancy may necessitate postponement of the treatment. I also understand that I must inform Dr. Greenman if I am a nursing mother.

I have been fully advised of, and completely understand, the alternatives to sedation and accept the potential risks and dangers. I acknowledge the receipt of both before treatment (preoperative) and after treatment (postoperative) instructions. I have had the opportunity to ask questions about my sedation and I am satisfied with the information and answers provided to me. I have had the opportunity to review this form before signing it and I realize and understand that the purpose of this document is to evidence the fact that I am knowingly agreeing to the IV conscious sedation procedures recommended by Dr. Greenman and that I understand the risks inherent in doing so.

Signed _____ Date _____

Witness _____ Date _____