

**CONSENT FOR DENTAL TREATMENT AND MINIMAL OR MODERATE SEDATION BY REX F. MILLER, DMD**

**PROCEDURES:**

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**OPERATING DENTIST: REX F. MILLER, DMD**

I, the undersigned, hereby consent to the procedure(s) noted above. I acknowledge that the procedure(s), its implications and possible complications have been explained to me, along with the alternatives including not having any treatment. I understand that the procedure will require minimal or moderate sedation, and I consent to the administration of this by the above-named practitioner administering the minimal or moderate sedation. I also understand that during the course of any treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, which I also consent to being performed on me.

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**CHECK ONE:     PATIENT                     PARENT                     LEGALLY AUTHORIZED REPRESENTATIVE**

**WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_**

I acknowledge receiving a copy of the pre- and post-operative instructions which have been explained to me. I understand all the advice given to me by the operating dentist above. After my discharge, I will notify the operating dentist if I experience any acute pain, heavy bleeding from the surgical site(s), respiratory problems, or any other postoperative problems.

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**CHECK ONE:     PATIENT                     PARENT                     LEGALLY AUTHORIZED REPRESENTATIVE**

**WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Rex F. Miller, DMD, PC**

**Pre-sedation/Pre-treatment Instructions for Oral Sedation**

For the safe treatment of the patient, the following pre-sedation instructions must be followed very carefully.

**FOOD AND BEVERAGES**

- It is essential that the stomach be empty at the time of the sedation appointment.
- Do not eat any solid foods within 6 hours of the sedation appointment.
- Do not drink anything, even water, for at least 3 hours before the sedation appointment.
- Do not drink any alcohol prior to treatment.

**MEDICATIONS**

- It is essential to discuss with your dentist whether or not you should take medication(s) you otherwise take on a regular basis.

**CLOTHING / CONTACT LENSES**

- Wear loose casual clothing for the appointment (e.g., short sleeve tee shirt). Female patients should wear slacks.
- Contact lenses should not be worn unless absolutely necessary to see. Prescription glasses are preferred.

**SMOKING**

- Refrain from smoking prior to treatment.

**TRANSPORTATION**

- Under no circumstances can you drive yourself home. A responsible adult (excluding a taxicab driver) must pick you up after the appointment and accompany you home.
- The adult driving you home must have a vested interest in your safety and security following sedation.
- Public transportation is not recommended

**CHANGE IN HEALTH STATUS**

- If your general health deteriorates (e.g., cold, cough, fever, achiness, etc), contact the dental office prior to the day of the appointment. If in doubt, please phone the office to discuss the change in health status.

If you have any questions, please do not hesitate to ask them. It is important that you understand the circumstances surrounding this treatment.

By signing this, I hereby state that I understand the pre-sedation instructions and agree to abide by the pre-sedation instructions listed.

Patient Name/Signature \_\_\_\_\_

Patient's Legal Guardian Signature (if applicable) \_\_\_\_\_

**Rex F. Miller, DMD, PC**

## **POST-SEDATION INSTRUCTIONS**

**Following sedation, 24 (twenty four) hours may be required for the full effects of the drug to wear off. During this period, it is essential that you follow these instructions.**

### **DISCHARGE FROM OFFICE**

- The patient must be discharged into the care of a responsible adult who can accompany him/her home.
- Arrangements should be made to have a responsible adult remain with the patient for the balance of the day and during the night.

### **TRANSPORTATION FROM OFFICE**

- Private automobile is preferred. Public transportation is not recommended

### **FOOD AND BEVERAGES**

- Clear liquids are advised for at least 6 hours and, after that, diet as tolerated
- Do not drink alcohol in any form for 24 (twenty four) hours.

### **MEDICATIONS**

- Resume normal medications as directed by physician after appointment.

### **ACTIVITY RESTRICTIONS**

- Do not operate motorized vehicles, boats, power tools or machinery for 24 hours, or longer if drowsiness or dizziness persists.
- Do not operate aircraft for at least 48 hours following minimal or moderate sedation
- Do not sign or enter into any legal contract for at least 24 hours.

### **PROBLEMS**

- If you experience any acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problem, please notify the dental office.