



CONSENT FOR DENTAL PROCEDURES AND SEDATION (ORAL/NITROUS OXIDE/CONSCIOUS I.V. SEDATION)

THE DAY BEFORE YOUR PROCEDURE

- **DO NOT** eat or drink anything after midnight. This is very important.
- **DO NOT** drink any alcoholic beverages the day before your procedure.
- **DO NOT** chew gum or tobacco, suck on mints or sip water after midnight.
- If you become ill before your appointment, please notify our office.

THE DAY OF YOUR PROCEDURE

- Please remove all fingernail polish and leave all jewelry and valuables at home.
- Wear clothing that will be loose and comfortable (especially the sleeves) during your procedure.
- If you are taking any medication on a regular basis, please take it with a small sip of water in the morning.

AFTER YOUR PROCEDURE

- Before you leave our office, you will be given information about looking after your mouth as well as when you should see your dentist again.
- Once at home, rest and take it easy as you may feel quite tired for the remainder of the day.
- For the first 3 hours, so not eat or drink anything. You will have a numb mouth for several hours and eating or drinking may cause coughing and choking. After 3 hours, start with a soft diet and maintain that for the rest of the day.
- If you have any questions about your dental care sedation or have any problems with mouth pain or bleeding, please call our office during regular business hours or Dr. Caouette can be reached after hours with any emergency concerns.
- In the unlikely event that you cannot contact our office and you have **urgent** concerns, please proceed to the nearest emergency department.
- If you are admitted to a hospital within 10 days of having your procedure done, please notify our office.
- You **MUST** be accompanied home by a responsible adult who will remain with you for the first 24 hours after your procedure and can be contacted at any time.
- You **MUST NOT** drive or travel home alone by bus or taxi.
- **DO NOT** drive or operate power tools or machinery for at least 24 hours.
- Avoid making important decisions or signing important documents for 24 hours.
- Under **NO** circumstances can you drive, drink alcohol or take non-prescription drugs or any sort after your appointment.

Dr. Jerome Caouette
South Central Dentistry
4913 Gateway Blvd.
780-757-3723



Consent

I consent to the following dental treatment(s) and/or dental extraction(s) under conscious sedation by Dr. Jerome Caouette.

I acknowledge that no guarantees have been made to me as to the results of this treatment.

I understand the risks, benefits and alternatives treatment options for my specific case.

I consent to the administration of anesthesia by oral, inhalation and/or intravenous sedation using anesthetic agents, techniques and treatments as may be deemed advisable by Dr. Caouette.

I certify that I have read and understand the above information

Print Name: _____

Signature: _____ (patient or guardian)

Date: _____

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