

Michael J. Hoffmann, DDS 314-560-2858 Victoria Q. Daugherty, DDS 314-302-3200 Sean M. Thoms, DMD, MS 314-448-5972 Office: 314-862-7844 www.dentalsleepstlouis.com

INSTRUCTION FOR GENERAL ANESTHESIA, IV SEDATION AND ORAL SEDATION

- ____ Nothing to eat /drink after midnight
- ____ Deposit refundable with 3 business day notice
- ____ No cancellations taken by answering machine

PATIENT NAME:

_ Date_

You are scheduled to undergo dental treatment utilizing General Anesthesia, IV Sedation or Oral Sedation. Your sedation care team will be prescheduled for you. 72 hour advance notice to reschedule or cancel your sedation appointment is required. *Loss of deposit applies if appointment has to be rescheduled due to noncompliance.* Please, for safety and well being you must FOLLOW THESE DIRECTIONS.

If any of the following symptoms develop within **three (3) days** of your scheduled appointment, please contact our office immediately: runny nose, sore throat, cough, fever, vomiting or congestion. If after hours, call the emergency number. *Without such notice, loss of deposit applies.*

SIGNED LEGAL CONSENT and REQUESTED LAB RESULTS for dependents/special needs patients MUST be received by our office 72 hours prior to scheduled appointment. Fax: 314-862-4504

____ NPO SIGN-OFF/TRAVEL DISCLOSURE for dependents/special needs patients <u>MUST ACCOMPANY</u> <u>PATIENT DAY OF APPOINTMENT.</u>

__ DO NOT EAT any food or DRINK any liquid after MIDNIGHT before your dental appointment. You may have small sips of WATER ONLY during this time, up to 2 hours before the procedures.

NO coffee, tea, soda, fruit juices, milk or any dairy product. DO NOT take or consume any alcohol the day of the procedure and up to 24 hours after the procedures.

DO NOT TAKE any medications except those prescribed by your personal physician, Dr. Michael J. Hoffmann, Dr. Victoria Q. Daugherty or Dr. Sean M. Thoms.

If a patient requires blood drawn or immunizations completed at The Dental Anesthesia Center, we will need physician orders faxed or emailed to our office 48 hours prior to the patient's scheduled appointment. We DO NOT supply blood vials or immunization medications. The patient or caregiver will need to provide the blood vials and immunization medications on the day of the patient's scheduled appointment.

You MAY take these medications with a SIP OF WATER or ONE TEASPOON of applesauce ONLY.

Wear loose fitting clothing with a short sleeved shirt. Ladies should wear flat shoes, no dresses, no makeup and no nail polish. Bring a set of extra clothes. Leave watches and jewelry at home.

_ NO cell phones or cameras in the operatory.

_ Due to limited seating a maximum of 3 companions are allowed to accompany patient to your dental appointment unless pre-arranged otherwise.

UPON COMPLETION OF YOUR DENTAL APPOINTMENT AND PROCEDURES

- After returning home, rest the remainder of the day. On the next day, begin to resume normal activities carefully and gradually.
- We will escort you to a vehicle and **someone must drive you** directly home, as you may experience some drowsiness or altered perception following the sedation or anesthesia. The person accompanying you must be a responsible adult. If you come alone we will not perform any procedures.

Medications stay in your bloodstream for a variable length of time. DO NOT DRIVE a vehicle, USE or OPERATE hazardous devices or machinery until you are fully recovered from the effects of the medications; at least 24 hours after the procedures. Limit social activities for 24 hours.

- After returning home, eat a light amount of nutritious foods (soup or soft vegetables) to maintain your nutritional intake. Start out with clear liquids and increase your diet as tolerated. Avoid greasy foods. The following day, resume your normal diet gradually without overloading your stomach.
- Report any unusual circumstances to our office @314-862-7844 or the emergency numbers if after hours. This includes any unusual swelling, bleeding, nausea, vomiting, fever or unusual behavior. If you have any questions, it is best to call and clarify it. Please call the office the next morning to make your follow up appointment, if needed.
- I have been informed of/and understand the pre-operative and post-operative instructions.

SPECIAL INSTRUCTIONS:

SIGNATURE: Date

•