



INSTRUCTION FOR GENERAL ANESTHESIA, IV SEDATION AND ORAL SEDATION

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- ___ 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 non-compliance.** 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 **MUST ACCOMPANY PATIENT DAY OF APPOINTMENT.**

___ **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.

