

# GUIDELINES FOR ORAL SEDATION FOR DENTAL PROCEDURES

Daniel L. Mengedoth DDS, LTD

I agree to abide by all of the following guidelines for utilization of oral conscious sedation. These instructions are required by Dr. Mengedoth and his staff for my care, safety, and the best interest of those involved in my treatment at his office.

In being sedated, I agree to the following:

- ✓ To follow all written instructions for the prescription dispensed to me through my local pharmacist.
- ✓ To present to the office of Dr. Mengedoth with a licensed driver 10 minutes prior to my scheduled appointment and to check-in with my driver at the front reception desk.
- ✓ To provide an emergency contact name and phone number (below) in case of emergency, or if a change in treatment occurs while I am sedated.
- ✓ To remain in the office of Dr. Mengedoth until the time at which my treatment has been completed, and the licensed driver has presented to the front desk of the office to bring me home.
- ✓ To return home after the appointment and not operate any machinery or equipment that could cause harm to me or others for a minimum of 12 hours.
- ✓ To ensure all financial requirements for my appointment will be made prior to the date of treatment, as charges for services will be incurred the day of treatment.

*These are the contractual conditions for which I am responsible due to the nature of the medication utilized for sedation.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Guardian signature (for patients under 18 years) \_\_\_\_\_

## **Emergency contact during sedation :**

**Name of Contact (please print):** \_\_\_\_\_

**Telephone Number(s) of Emergency Contact:** \_\_\_\_\_

**Relationship with patient:** \_\_\_\_\_

**Driver telephone (if different than emergency contact):** \_\_\_\_\_