ADULT ORAL CONSCIOUS SEDATION PRE-OPERATIVE NPO CONFIRMATION

A staff member at Thrive Dental & Orthodontics will administer the sedation medication to you in the room. When dental treatment begins, we kindly ask that all accompanying parties wait in the reception room. The information contained in “ADULT PREOPERATIVE INSTRUCTIONS AND CONSENT FOR SEDATION APPOINTMENTS” have been explained to me. I have been given a copy of these instructions to read before beginning the procedure. All my questions have been answered to my satisfaction regarding these instructions and the procedure. The proposed treatment and alternatives to treatment have also been explained to me. I have followed these instructions and understand that failure to do so may be life-threatening to me. I understand the benefits (reduced awareness of unpleasant sights, sounds, and sensations associated with the procedure along with reduced anxiety) and risks (nausea/vomiting, allergy to medication, breathing problems, brain damage, cardiac arrest, and death) involved with sedation, and willingly consent to dental treatment under oral conscious sedation. I also authorize the accompanying adult listed below to consent on my behalf to any changes to my treatment plan due to unforeseen circumstances during my sedated state.

Patient Name: _____
Accompanying Adult Name: _____Relationship to Patient: _____

We will call you to check on you the following day. Please list your best phone numbers:
Home number: _____
Mobile number: _____

I certify that I have not eaten since _____ (time) _____(date) and last drank liquids at _____ (time) _____(date). I also certify that I am not pregnant, breastfeeding, or have significant liver or kidney disease. I understand that failure to inform Thrive Dental & Orthodontics of any new changes in my medical history (i.e., medical conditions, medications, and drug allergies) and failure to follow the
“nothing to eat or drink” guidelines puts me at RISK OF DEATH.

Signature: _____ Date: _____

Witness: _____ Date: _____

I certify that I have explained the above procedures to the patient before requesting his/her signature.

Doctor: _____
Thrive Dental & Orthodontics