



The Confident Solution.

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Patient Name: _____ Date: _____

SEDATION INSTRUCTIONS FOR COMPANION AND PATIENT

04-12-16

INITIAL *****COMPANION & PATIENT TO INITIAL BESIDE EACH LINE ITEM:*****

- 1. A RESPONSIBLE ADULT MUST BRING PATIENT TO SURGERY & TAKE HOME AFTER SURGERY. Patient may seem alert after taking oral medication when they truly are not. This is misleading, so do not leave the patient alone at all on the day of the surgery & must be at residence 1 hour before their appointment for supervision of sedation medication and brought to the office at the scheduled appointment. The Companion is to give the sedation medication to the patient. The companion will stay at the clinic during the procedure and drive patient home upon treatment completion. Always hold patient's arm when walking.
2. Patient cannot operate any hazardous devices INCLUDING VEHICLES for 24 hours following oral sedation.
3. Companion should remain with the patient until he/she is fully recovered.
4. Patient should not go up and down stairs unattended.
5. Drive directly home and call the office when you arrive at home and the patient is comfortable and safe. Patient must stay home and rest. No cell phones or emails for 24 hours.
6. Patient will not make any Business decisions for 24 hours after taking the sedation Medication.
7. Patient should not carry, sleep with or be left alone with infants and small children for 24 hours following oral sedation.
8. Call our office if you have any questions or concerns. (IF AFTER OFFICE HOURS, CALL 682-738-6335.) If you feel your symptoms warrant a physician and you are unable to reach us go to the nearest emergency room.
9. PATIENT CANNOT DRIVE AT ALL ON DAY OF PROCEDURE

FOLLOWING MOST SURGICAL PROCEDURES, THERE MAY OR MAY NOT BE PAIN, DEPENDING ON YOUR THRESHOLD FOR PAIN. YOU WILL BE PROVIDED WITH MEDICATION FOR DISCOMFORT APPROPRIATE FOR YOU. IF A NARCOTIC HAS BEEN PRESCRIBED, FOLLOW THE DIRECTIONS CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THESE MEDICATIONS INTERACTING WITH OTHER MEDICATIONS YOU ARE PRESENTLY TAKING, PLEASE CALL OUR OFFICE, YOUR PHYSICIAN OR YOUR PHARMACIST.
PATIENT CANNOT DRIVE DAY OF APPOINTMENT

Print Name of COMPANION: _____ Relationship _____ Cell #: _____

Signature of COMPANION: _____ Date: _____

PATIENT: I understand that without this signed consent form by the companion, the necessary prescription for my procedure can be withheld and that my upcoming surgery appointment could be postponed until the signed form is returned. A cancelation fee will be applied of \$175.00.

Signature of PATIENT: _____ Date: _____