

Middle Tennessee Pediatric Dentistry
PREOPERATIVE SEDATION INFORMATION FOR DENTAL TREATMENT

Name: _____ Date: _____

Due to your child's dental needs and inability to cooperate in the chair, we feel it is necessary to give your child sedative medication before dental treatment.

The medication should make your child feel drowsy within 30-60 minutes, however it will not put him/her to sleep. Your child will be sleepy for several hours after the appointment, but should be awakened easily. As with any sedative medication your child may experience an opposite effect and become excited and/or irritable. Should this occur, treatment will be aborted and alternatives will be discussed.

Your child should wear loose fitting, light clothing and should use the restroom prior to arriving in our office. Please remove any fingernail/toenail polish as this interferes with the vital signs monitor. A change of clothes is recommended should the medications make your child nauseous.

Do not give your child any medications before treatment unless previously discussed or prescribed by our office.

We recommend that a second responsible person come with you to the appointment to help take care of your child on the drive home. Please do not bring siblings or other children to the sedation appointment.

Do not give your child any liquids or solid foods after midnight before the dental appointment. This means no breakfast or brushing teeth!

A deposit of \$75 is required at the time of scheduling and will be credited towards the sedation appointment. This deposit is non-refundable if, on the day of the appointment, your child has eaten, is sick, or if we do not receive a 24-hour notice to cancel or reschedule. It is important that you contact our office about any change in your child's health within 24 hours of the dental appointment.

A PARENT OR LEGAL GUARDIAN OF THE CHILD MUST BE PRESENT AT THE OFFICE AT ALL TIMES DURING THE SEDATION APPOINTMENT.

If you have any questions regarding these instructions about your child's dental care please call the office at 615-758-7511.

The above instructions and general sedation information have been explained to me. I understand that failure to follow instructions regarding eating/drinking may be life threatening. I understand the procedures and will follow these instructions.

Signature: _____

Relationship to patient: _____ Date: _____