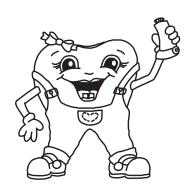
BabyTeeth Children's Dentistry

INSTRUCTIONS REGARDING TREATMENT UNDER I.V. SEDATION

As has been discussed, your child will be receiving I.V. sedative for his/her dental care. The I.V. sedation will be administered by an Anesthesiologist. The purpose of this sedation is to help make it easier for your child to receive dental care. The sedative is intended to not only help your child to be calm and relaxed, but to allow us to provide the best quality dental care under the safest conditions. _____, an Anesthesiologist specially The sedative will be administrated to your child by trained to administer this type of sedation. It is important that you arrive at the office promptly. After the medication has been given it is not uncommon for your child to appear slightly agitated as the medication begin to take effect. Heor she will calm down as more of the sedative agent is absorbed and this should not be cause for alarm. The sedative may make your child dizzy or drowsy. Since the effects of sedation may last a few hours after completion of the dental treatment it is important that your child be allowed to rest under the supervision of an adult for the remainder of the day. Your child should avoid any physical activities for the remainder of the day. , non-refundable, deposit is required prior to scheduling the sedation appointment. This deposit will be applied to the treatments rendered under sedation. A minimum of 5 days advance notice is required for any cancellations and/or rescheduling of sedation appointment; otherwise a fee of \$500 or 50% of the amount of the treatment plan estimate, which ever is greater, may be charged. We strongly suggest that a second adult come with you to assist during transportation following the treatment. Please follow these instructions PRIOR to the sedation appointment: • If possible, prior to the appointment try to reassure your child that he/she will be treated in a friendly, and caring environment. Try to "paint a POSITIVE mental image." • If your child has an elevated temperature, is sick, or has trouble breathing through his/her nose, please call us as soon as possible so that we may reschedule the appointment. • Unless told otherwise by the anesthesiologist, don't give your child anything to eat or drink for **AT LEAST 6 hours** before the appointment. • Arrive to the appointment on time! Failure to arrive at the office promptly, may necessitate rescheduling the appointment and a fee of \$500 or 50% of the amount of the treatment plan estimate, which ever is greater, may be charged. • Take the child to the restroom when you arrive at our office, prior to the administration of the If you have any questions, please feel free to ask us. It is in everyone's best interest that the above instructions are followed; we look forward to treating your child in the safest, most comfortable manner possible. I have read and understand this letter and have had an opportunity to ask any related questions. Name of Patient: Name of Parent or Guardian:



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Signature of Parent or Guardian: ______ Date: ____

