

Patient Pre-Operative Checklist for Intravenous Conscious Sedation

- Did not have any foods 6 hours prior to appoint
- Did not drink any alcoholic beverages in the past 24 hours
- Have taken any regular medication/pills (if any)
- Accompanied by an adult / parent / legal guardian who will be waiting and driving you home after your treatment
- Arranged for a responsible adult (aged 18 years or older), to accompany you home after your treatment
- Arranged for a responsible adult to remain with you for the next 24 hours
- Be prepared not to operate a motor vehicle or machinery of any kind for 24 hours following treatment. Tasks requiring skill, concentration or judgement during this time should be avoided.

APPOINTMENT WILL BE RESCHEDULED IF THE ABOVE INSTRUCTIONS HAVE NOT BEEN FOLLOWED

I understand and agree to the above:

Patient Name: _____ Patient / Guardian Signature: _____

Date: _____ Witness: _____

Emergency Contact Person: _____ Phone: _____

Scheduled Appointment:

Date: _____ ***Time:*** _____

***It is important that you understand the circumstances surrounding this treatment.
If you have any questions, please do not hesitate to ask them, please call our office 204-779-7779.***