

Request for Anesthesia and Sedation

It is our moral and legal obligation to give you the information necessary to make an educated decision in requesting treatment from Dr. Keller. The benefits are usually much greater than the risk, but just as there are risks involved in driving a car, there are events that can occur with any kind of treatment. These are being explain to inform and educate you...not to alarm you.

Routine after math of treatment...

1. Postoperative discomfort and swelling which may require several days of limited activity and possible home recuperation.
2. Chapping of the lips caused by stretching the corners of the mouth during treatment.
3. Stiffness of the jaws and restricted mouth opening from several days to several weeks, depending on the extent of the treatment.

Rare occurrences...can include any even that might be remotely possible but unlikely to occur. These include, but are not limited to allergic reaction to drugs that ranges from hives to heart failure. Most drug reactions are side effects and are treated as such. Dr. Keller and the staff have had training in managing the potential problems.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of other drugs or alcohol. It would not be wise to operate any vehicle, automobile or hazardous equipment while taking such medication and/or drugs. Your judgment and work performance can be altered by pain medication or sedative agents and you should plan accordingly. **Your signature below certifies...**

Your consent and request for Dr. Keller DDS and dental staff working with him, to perform the following treatment, procedure or surgery.

Full treatment as described in my treatment plan

- Your authorization to the administration of anesthesia, nitrous oxide/oxygen and/or oral sedation as discussed with Dr. Keller.
- Your authorization for Dr. Keller to use his best judgment in managing unforeseen conditions, which might unexpectedly arise during the course of the procedure.
- Your understanding that lack of cooperation with our recommendation during your care may result in less than optimal result.
- That you read and write English, understand the above information and have had the opportunity to review and discuss it, as well as your health history including any serious problems or injuries.

Patient, Parent, or Guardian Date

Dr. Shawn Keller, DDS Date

Oral Sedation Ride Information

Patient Name _____ Number _____

Emergency Contact _____ Number _____

Driver Information

Drop Off Drive Name _____ Number _____

Pick Up Driver Name _____ Number _____

Name of person who will be staying with you after your appointment today:

Name _____ Number _____

This person will need to stay with you for a minimum of 3-4 hours after your appointment. You will need to provide this person with a copy of your home care instructions. Please make sure all questions are addressed prior to your sedation visit.

**Smiles by Design
Shawn M. Keller, DDS**

Oral Sedation

Patient Instructions

Before Appointment

Absolutely nothing to eat or drink 8 hours prior to appointment.
No sedatives for 24 hours prior to appointment (i.e. alcohol)
No stimulants for 12 hours prior to appointment (caffeine or nicotine)
No chance of pregnancy
Must have responsible person bring them and take them home from their appointment
(and stay with them until recovered)
Do take all your regular medications

After Appointment

No driving for 24 hours
No operating hazardous devices
No heavy lifting
No important decisions (no work) for 24 hours
No contact lenses

Patient Protocol

At the time the appointment is made and financial arrangements are made, the patient receives their medications and instructions.

When the patient arrives at the office with their companion, the patient is assessed for additional medications. If necessary, additional medication is provided

The patient is escorted back to the treatment area from. At this time, the patient's companion can leave the office with the explicit permission of the doctor and appropriate contact numbers are exchanged.
