PRE-SEDATION RECORD
PHYSICIAN'S ASSESSMENT

Dear Doctor,

Your patient is scheduled for dental treatment under intravenous sedation. Please complete this history and physical examination form and return it to our office by _____. If you have any questions, please call Dr. Kuen Chow at Sunshine Dental (403-293-7545). Thank you for your assistance.

_____
Dr. Kuen Chow, D.D.S.

Patient's Name:

_____

_____

Date of Birth (Y/M/D): _____ Phone:

_____

Address:

_____

_____

Planned Dental Treatment:

_____

_____

_____

_____

ALLERGIES	
MEDICATION	
FUNCTIONAL INQUIRY	Cardiac/Respiratory/Other
PAST ILLNESS	Anesthesia Experience/Other
FAMILY HISTORY	Anesthesia Problems/Other
PHYSICAL EXAMINATION	General Appearance
	B/P_____ P. _____ R. _____ Wt. _____ Ht. _____
	Head, Neck and Intraoral
	Heart
	Lungs
	Abdomen
	Skeletal
	CNS
	Laboratory Tests
ASA CLASSIFICATION	I II III IV V E

Date: _____ Physician's Signature: _____

Patient's Consent for Dental Treatment and Minimal or Moderate Sedation

Patient Name _____ Date of Birth _____

This form is intended to document the discussion we have had regarding your planned moderate sedation procedure. If you are having dental work completed by another dentist in conjunction with the sedation, this form does not include the risks or benefits of that dental procedure.

I, _____, request and authorize Dr. Kuen Chow, a general dentist, to administer conscious sedation medications to me in conjunction with a dental procedure being completed by _____.

The procedure is _____

Benefits of moderate sedation include reduced awareness of unpleasant sights, sounds and sensations associated with the dental procedure. Reduced anxiety should also be present.

Just as there are risks and hazards in continuing my present dental condition uncorrected, there are also risks and hazards attendant to the performance of the surgical and/or diagnostic procedures planned for me. I realize that common side effects from sedation may include nausea, vomiting, drowsiness, and fatigue. Though not a complete list, other less common hazards may occur which include: allergic reaction, minor discomfort, irritation to veins, blood clots, bruising of tissue, sloughing of tissue and tooth injury.

I understand that is critically important that I fully discuss my complete medical history with Dr. Chow before sedative medications are administered.

The written instructions have been reviewed with me, including expectations regarding food/drink intake, escort and activity after the medication. After my discharge, I will notify my dentist if I experience any acute pain, heavy bleeding from the surgical site, respiratory problems or any post-operative problems.

I acknowledge that no guarantee has been made as to the results that may be obtained.

Sedation can be administered by multiple routes (oral, intramuscular, intravenous, intranasal inhalation, submucosal). These options have been explained to me. I also understand that the sedation plan may need to be changed on the day of the procedure and that a blood sample may need to be taken.

During the discussion, I have had my questions answered to my satisfaction.

PATIENT _____DATE _____

____ Patient _____ Parent _____ Legally Authorized Representative

WITNESS _____ DATE _____

INFORMED CONSENT

TOOTH REMOVAL

This is my consent to the oral surgery indicated on the examination chart and any other procedure deemed necessary or advisable as a corollary to the planned operation, to be performed**.**
I also agree to the use of a local or general anaesthetic, sedation and analgesia, depending upon the judgement of the surgeon.
I have had alternative treatment (if any) explained to me, as well as the consequences of doing nothing about my dental conditions. I understand that non-treatment may result in, but not be limited to: infection, swelling, pain, periodontal disease, malocclusion (damage to the way the teeth hit together) and systemic disease.
I understand that there are risks associated with any dental and/or anaesthetic procedure.

These include, but are not limited to:
Post-operative infection (dry socket) that may require hospitalization for IV antibiotics.
Swelling, bruising, and pain.
Damage to adjacent teeth or fillings.
Bleeding requiring more treatment.
Drug reactions and side effects.
Possibility of a small fragment or root or bone being left in the jaw when it's removal is not appropriate. Such fragments may work their way partially out of the tissue and need treatment at a later date.
Damage to sinuses requiring additional treatment or surgical repair at a later date.
Fracture or dislocation of the jaw.
Damage to nerves resulting in temporary or possibly permanent numbness or tingling of the lip, chin, tongue, or other areas.
Displacement of teeth into anatomical spaces.
Recession of gums on adjacent teeth resulting in sensitivity to cold or chewing.

It is further understood that I am not to operate any vehicle or hazardous devices for the balance of the present calendar day and until fully recovered from the anaesthetic and/or medications. Medications for pain, sedation, sleep, and other purposes may cause drowsiness which can be increased by the use of alcohol or other drugs.
If I wish a full recital of all possible risk associated with therapy, I will inform the doctor. Otherwise, this consent has been explained to me and any questions answered. I have also been given the option of seeing a specialist.

Date:_____

Patient Name (printed):_____

Patient or Guardian Signature: _____

Witness: _____

SUNSHINE DENTAL CENTRE
277 2525-36 Street N.E.
CALGARY, AB
403-293-7545

AFTERCARE FOR TOOTH EXTRACTION

BLEEDING

A gauze pad has been placed on the extraction site to control bleeding. Pressure should be applied for one hour. The gauze should be replaced if bleeding continues. If you experience excessive bleeding, call our office. **DO NOT drink carbonated beverages, suck through a straw, smoke, lie down flat, or physically exert yourself for the next 24 hours.** These activities will prolong bleeding.

SWELLING

You may notice some swelling following an extraction. This is to be expected. Apply an ice bag to the side of the face where the extraction was performed. Leave the ice bag on 30 minutes, then off 20 minutes. Keep repeating this cycle until the swelling subsides. This will relieve your discomfort.

RINSING

Do not rinse your mouth today. Tomorrow rinse gently with a warm salt- water solution. You may do this every few hours and after each meal.

FOOD

During the first few days, a diet of soft foods and liquid is recommended.(e.g. soups, cereals, yogurts)

ORAL HYGIENE

There is no need to break your regular routine of brushing and flossing. However, since the extraction site may be tender, be gentle in that area.

MEDICATIONS

Over-the-counter medication should relieve your discomfort. **Do not take aspirin (ASA)** as it will thin your blood and prolong bleeding. If necessary a stronger medication will be prescribed.

DRY SOCKET

Though the cause is unknown, 2-3% of dental extractions are followed by a clinical condition known as DRY SOCKET. Symptoms, which begin 2-3 days following extractions include, loss of blood clot from the socket and moderate to severe pain. If you experience any of these symptoms call our office for a post-operative appointment.

Sedation Pre- and Post- Operative Instructions

Pre-op

Take regular medications unless specified by Physician or Dentist.

Do not eat or drink for 8 hours prior to the dental appointment.

Patients must be driven to the office by a responsible companion.

No smoking or drinking alcohol for 8 hours prior to the dental appointment.

Sedative medications must be taken according to Dentist's instructions.

Post-op

Take all regular or prescribed medications as outlined by Physician or Dentist.

No alcohol for 24 hours post-surgery.

No driving for 24 hours post-surgery.

Be cautious going up and down the stairs for 24 hours post-surgery.

Do not operate machinery for 24 hours post-surgery.

Must have a responsible companion drive patient home and observe recovery.

Phone number where Dentist can be reached: 403-607-7768