

ANGELA P. MOSS, D.D.S.

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CONSENT TO ANESTHESIA

You are going to have a dental procedure performed under Parenteral Conscious Sedation. For your ultimate benefit, there are some things concerning your treatment, which will require your cooperation, for your treatment to be performed safely.

1. Wear a loose fitting short sleeve shirt so we may have access to the upper part of your arm.
2. Remove contact lenses. Do not wear eye makeup, false eyelashes, artificial fingernails, or nail polish. Do not wear high heels or platform shoes.
3. No alcoholic beverages for 24 hours before or 24 hours after the anesthesia.
4. EATING:
 - A. No food 5 hours before the appointment.
 - B. If you have an afternoon appointment make sure you eat breakfast. Keep it light however.
 - C. You may have any of the following clear liquid up to 2 hrs before your appt: water, apple juice, **black** coffee or tea (no milk or creamer)
5. All special needs patients must wear absorbent under garments (ie: Depends) during sedation appointments.
6. After anesthesia you may not operate any vehicle or hazardous devices for the remainder of the day and until fully recovered from the anesthetic and/or medications. **YOU MUST HAVE SOMEONE PICK YOU UP IN THE OFFICE. YOU CAN NOT DRIVE YOURSELF HOME**
7. **IT IS ABSOLUTELY ESSENTIAL THAT YOU INFORM US IF YOU ARE USING OR HAVE USED "RECREATIONAL DRUGS"(COCAINE, CRACK, LSD, HEROIN, ETC). FAILURE TO DO SO WILL RESULT IN LIFE THREATENING PROBLEMS DURING ANESTHESIA.**
8. Payment arrangements will be made between you and the patient coordinator when your appointment is scheduled, and collected from you before you are taken back for your procedure. A binding contract will be signed pertaining to your agreement.
9. A pregnancy test will be given to women of child bearing age; prior to administration of anesthesia.

I have read the above instructions and authorize the administration and maintenance of anesthesia as advised. I understand that the use of anesthesia poses inherent risks including vein inflammation and other complications which could be life threatening, such as allergy or heart or lung complications. I have received all of the information I desire concerning the anesthesia procedure or procedures to be done. My signature below constitutes my agreement.

Patient or Legal Guardian Name

Relationship to Patient

Patient or Legal Guardian Signature

Date