



Consent for Dental IV Sedation

Patient Name: _____

Date of Birth: _____

Home Address: _____

Most patients are feeling tired and disoriented following sedation appointments. All patients should be escorted home and a responsible adult must stay with the patient for 24 hours after.

After being discharged from the clinic you will be given all the instructions along with your dentist contact information.

Once at home you are required to rest for 24 hours. For the first 3 hours please don't eat or drink as your mouth will be frozen. Your dentist will discuss what medications you can take for post-operative discomfort.

If you have any questions or concerns please contact Dr. Mohamed Ibrahim at (403) 689-1706 or Dr. Pooja Pandya at (780) 655-2494. In the unlikely event that you can't reach the office or sedation dentist and you have urgent concern, please proceed to the local emergency room. If that happens and you are admitted to the hospital within 10 days of your procedure, please notify Dr. Mohamed.

Responsible Adult Name (Escort): _____

Phone Number of Above Adult: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Signature of the Patient or Guardian: _____