

REPORT DATE \_\_\_\_\_

( ) INTRAVENOUS SEDATION ( ) ORAL SEDATION

RECORDING ASSISTANT \_\_\_\_\_ DOCTOR \_\_\_\_\_

NAME \_\_\_\_\_ ASA STATUS \_\_\_\_\_ PHM \_\_\_\_\_

CHART \_\_\_\_\_ NPO STATUS \_\_\_\_\_

AGE / SEX \_\_\_\_\_ IV SITE / CARRIER \_\_\_\_\_ ALLERGIES \_\_\_\_\_

**WORK UP**

**MEDICATIONS**

**PRE-MEDS**

GLUCOSE \_\_\_\_\_

PHYS. CLEAR. \_\_\_\_\_

**SEDATION VITAL SIGNS**

INITIAL \_\_\_\_\_ AFTER MEDICATIONS \_\_\_\_\_ DISCHARGE \_\_\_\_\_

BP P O TIME BP P O TIME BP P O TIME

1.

2.

3.

4.

5.

6.

**MEDICATION DELIVERY**

TIME / AMT TIME / AMT TIME / AMT TIME / AMT TIME / AMT

VERSED \_\_\_\_\_

DEMEROL \_\_\_\_\_

PHENERGAN \_\_\_\_\_

TORODOL \_\_\_\_\_

NUBAIN \_\_\_\_\_

CLEOCIN \_\_\_\_\_

DECADRON \_\_\_\_\_

ROMAZICON \_\_\_\_\_

ROBINUL \_\_\_\_\_

START TIME \_\_\_\_\_ DISCHARGE TIME \_\_\_\_\_ TOTAL TIME \_\_\_\_\_

DISCHARGE: ( ) MOVING ALL EXTREMITIES ( ) ABLE TO BREATHE DEEPLY AND COUGH

( ) SYSTOLIC BP +/- 20% BASELINE ( ) ALERT AND ABLE TO ANSWER QUESTIONS APPROPRIATELY

( ) NORMAL SKIN ( ) AMBULATE WITH ASST.

NAME OF ESCORT PATIENT DISCHARGED TO \_\_\_\_\_

POST-OP INSTRUCTIONS \_\_\_\_\_

POST-OP MEDICATIONS \_\_\_\_\_

PROCEDURES:

ARGYLE DENTAL PROFESSIONALS INC.  
6327-1 ARGYLE FOREST BLVD., JACKSONVILLE, FL 32244  
(904) 772-8898

**INFORMED CONSENT:    ( ) INTRAVENOUS SEDATION    ( ) ORAL SEDATION**

It helps to be comfortable and calm when undergoing certain kinds of dental procedures. This can be done through the administration of intravenous sedation or oral medication. Please inform the doctor if you have consumed any alcohol immediately prior to this appointment. Also, please tell us of any medications you are taking: prescription, over-the-counter or herbals. We also need to know if you are presently nursing, pregnant or planning to become pregnant.

**Broken Appointment, Cancellation Fee & Follow-Up Sedations:**

Sedation patients must be accompanied to the appointment. The accompanying party must check in with assistant/doctor before leaving. Any unaccompanied sedation patients will be rescheduled and a non-refundable broken appointment fee of \$500.00 will be charged to the patient. If you should need to reschedule or cancel your sedation appt., please give a minimum of 5 business days notice to avoid a cancellation fee of \$500.00. Sedation patients arriving 15 minutes late or later may be rescheduled upon the discretion of the doctor and a \$500.00 broken appt. fee will be charged to the patient. Oral and IV Sedation fees are applicable in full if necessary to treat postoperative complications.

\_\_\_\_\_ initials

**How is it done?**

A thin needle is placed in a vein in your hand or arm. The needle is attached to an intravenous tube through which medication will be given to help you relax and make you more comfortable.

**YOU WILL NOT BE ASLEEP!**

A small percentage of patients need deeper anesthesia than provided by conscious sedation. These patients need general anesthesia services provided by an anesthesiologist in a day surgery center. Unfortunately we cannot accurately predict who these patients are in advance; because the Oral and I.V. Sedation fee is non-refundable . . . . Talk with your dentist if you think you need to be "completely out".

\_\_\_\_\_ initials

**Before the Procedure:**

- Please wear comfortable, loose fitting clothing with short sleeves.
- The night prior to your appointment do not eat or drink after midnight.
- It is normal to be drowsy after the procedure. For your safety, bring someone with you who can take you home afterwards.

**After the Procedure:**

- You must have someone accompany you home.
- Do not drink any alcoholic beverages after your treatment.
- Do not drive or operate machinery or power tools for the rest of the day.
- Do not make any important legal or personal decisions until the next day.
- You may feel tired after the procedure, therefore don't schedule any activities, just rest.

**Allergic and/or other complications:**

Reactions to the medications used are rare, but can occur. Make sure you tell the doctor if at anytime during or after the procedure you feel something is not quite right. Other complications include but are not limited to hematoma, infiltration outside the vein, venospasm, phlebotrombosis, intra-arterial injections and missed vein.

**Special instructions:** \_\_\_\_\_

**Procedures:** \_\_\_\_\_

Next appointment:    **Date:** \_\_\_\_\_    **Time:** \_\_\_\_\_

**For questions, please call us at (904) 772-8898.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date