



Thurloe Street Dental, 10 Thurloe Street, South Kensington, London, SW7 2ST
Tel: 020 7584 5551 Email: enquiries@london smiles.com Web: www.london smiles.com

INTRAVENIOUS SEDATION CONSENT FORM

Dear

As you are aware, your next visit today will be for dental treatment under Conscious Sedation. The treatment you will be undergoing is:

Patient Signature _____ DOB _____
Dentist Signature _____ Dr. Haider Raza

Theresa Eugenia, our treatment co-ordinator will have advised you of the following points 1-5.

Before I.V. sedation:

1. It is important that you have a light meal before attending your appointment. This helps to keep your blood sugar levels up and you may not feel like much for your next meal following dental treatment.
2. Please do not consume any alcoholic drinks in the 24 hours prior to appointment.
3. Please continue to take your medication as normal (unless specifically advised by Dr. Raza) and please inform your dentist of any new medication prescribed since he last consulted with you.
4. Please arrange for an escort to pick you up from the surgery and to stay with you until you are fully awake and alert (several hours after being discharged from the surgery).
5. We would caution against taking public transport home, please arrange for your escort to drive or we can assist you with booking an Addison Lee car.

After I.V sedation:

1. Do not perform any strenuous or hazardous activities and do not drive or operate machinery for the rest of the day.
2. Alcohol should be avoided until the next day.
3. Continue taking any medication that you would normally take daily (please ensure you have advised us regarding all medications taken)
4. Do not eat heavy meals immediately. If you are hungry, eat something light e.g. liquid or toast.
5. Your escort should stay with you until you are fully awake and alert unless they drop you off to your destination and leave you in the care of a responsible person.
6. If you have any unusual problems, please contact the surgery on 020 7584 5551 during surgery hours or Mr Haider Raza on 07917 565498 after hours.
7. You will need to be looked after for at least 7 hours after being discharged from the dental practice.

Please provide the name and mobile telephone number of your intended escort:

PLEASE NOTE THAT SEDATION WILL NOT BE GIVEN UNLESS YOU HAVE READ AND SIGNED THIS CONSENT FORM. YOU WILL NOT BE ALLOWED TO GO HOME UNACCOMPANIED UNDER ANY CIRCUMSTANCES. WE RESERVE THE RIGHT TO ARRANGE AN APPROVED CAB TO COLLECT YOU AND TAKE YOU HOME FROM THE SURGERY IF NO ARRANGEMENT IS IN PLACE.

THIS IS FOR YOUR SAFETY

Patient Signature.....

Date 21 March 2016