

Intravenous Sedation Authorization

Your proposed dental treatment is to be performed with the use of intravenous sedation. The drug used is Versed, (midazolam). This drug is in the same class as valium. If any problems with these drugs have occurred in the past, it is important that Dr Lovick is informed.

The purpose of IV Sedation is to induce a relaxed, comfortable state for long or difficult dental procedures. The patient **will not** be put to sleep with this procedure, but will be relieved of any anxiety and most recollection of the dental visit will be forgotten.

- Prior to IV Sedation, meals should be restricted to nothing solid consumed for 6 hours nor clear fluid for 2 hours prior to the sedation procedure.
- Wear loose comfortable clothing. Wear short sleeved shirt or long sleeved shirt loose enough to be pushed above the elbow.
- Remove contact lenses prior to the appointment.
- Please do not wear nail polish or lipstick.
- If possible, please arrive at the office at least ten minutes before your scheduled appointment time.
- A BMI (body mass index) of no greater than 34 is permitted to legally proceed with IV sedation at a non-hospital clinic...find yours at www.bmicalculator.org

Most patients are tired and disoriented following sedation; therefore, ALL PATIENTS MUST BE ESCORTED HOME BY A RESPONSIBLE ADULT. THE ESCORT MUST COME TO THE OFFICE to pick up the patient. The **escort must monitor the patient for the first 2 hours following surgery in an upright resting position** and call the office if you notice the bleeding is not slowing. Some patients feel normal following sedation, however, UNDER NO CIRCUMSTANCES CAN A PATIENT OPERATE A MOTOR VEHICLE for the rest of the day. In addition, no alcoholic consumption is advised for 18 hours following IV Sedation.

On arriving home, most patients will fall into a normal sleep for several hours and a mild fever may occur. After a good night's sleep, all symptoms will have subsided and normal activities can be resumed.

I have read and understand all of the above information and my BMI is: _____

Signature of Patient or Guardian

Date:

Escorts Name

Escorts Phone #