

## Communication

- ☐ I agree that if the office and or Anesthesiologist is unable to reach me prior to my scheduled appointment date, my appointment will be canceled.
- ☐ I am aware that if I missed the call or have any questions I will call the Anesthesiology Team/ELITE Sedation at 949-529-9289.
- ☐ I agree to let the office know as soon as possible if I have to cancel or reschedule my appointment.

## Appointment Times

- ☐ I agree that my scheduled appointment times are tentative and I will be available all day starting at 6am.
- ☐ I agree that if I am unable to answer the phone or come in when asked my appointment time may be delayed or canceled.

## Eating / Drinking

- ☐ For anesthesia, it is of utmost importance that patients have nothing to eat or drink starting at 10pm the night prior to their scheduled appointment. *Failure to strictly follow these instructions could result in aspiration and may be fatal.*
- ☐ Medications can be taken with a sip of water **IF** instructed by the Anesthesiologist.
- ☐ I am aware that I am (my child is) to remain NPO (nothing by mouth/fasting requirement) starting from 10pm the night prior to my child's/ the patient's procedure.
- ☐ I agree to keep my child home from school on the day of his appointment and under strict supervision to ensure NPO compliance.

## Change in Health or Medications

- ☐ A change in health, especially the development of a cold, cough, or fever is **EXTREMELY** important.
- ☐ I agree to notify the office if there is any change in your child's health. Your appointment may need to be rescheduled.
- ☐ I have fully disclosed all medications and health history of my child/ the patient. I have been informed this is for the complete safety of my child/ the patient.

## Clothing / Diapers / Hair / Jewelry / Blankets

- ☐ Children should be in loose comfortable clothing.
- ☐ Please bring a change of clothing in case of any accidents or have your child in a diaper or pull-up.
- ☐ Tie long hair back in a low ponytail.
- ☐ Remove all jewelry.
- ☐ Be sure to bring a small blanket.

## DAY OF SURGERY

- ☐ DO NOT ALLOW YOUR CHILD TO EAT OR DRINK ANYTHING
- ☐ I am aware as a patient parent/guardian I am not allowed in the operating room at time of surgery.
- ☐ I have been fully informed as parent /guardian I must be present in the dental office or in my vehicle at all times during the appointment.
- ☐ I will keep a close eye on my child/ the patient prior to the appointment and for the remainder of the day.

**The Anesthesiologist reserves the right to cancel the scheduled surgical appointment for any reason that may jeopardize the safety of the anesthetic procedure.**

I, \_\_\_\_\_, have read and understand the given instructions.

\_\_\_\_\_  
**Signature of Patient/Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



## TRANSPORTATION INFORMATION

**PATIENT'S NAME:** \_\_\_\_\_

As you know, a responsible adult must drive you to and from your dental appointment and a responsible adult must stay with you overnight. Advise your driver that they are expected to escort you to the office and wait for about 30 minutes.

If you can arrange to have your ride home be the same person who spends the night with you we can give them your post surgical instructions. Unless your ride waits for you in the dental office during your entire appointment, we will need the following information and an alternate driver. We realize that it is extremely unlikely that your ride will fail to return for You, but about twice a year, accidents, car trouble, and illness force us to contact the alternate driver. Without an alternate driver, those patients would have had to have been admitted to a hospital overnight. Therefore it is in everyone's best interest that you complete the following:

**Patient/Guardian Signature:** \_\_\_\_\_

**Expected Driver's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Time (in minutes) needed by driver to return to dental office:** \_\_\_\_\_

**Alternate Driver's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Phone # where you may be reached after your appointment:** \_\_\_\_\_

**Phone # of your pharmacy:** \_\_\_\_\_

**My ride will be present throughout the duration of the procedure (Circle):**   Y     N