

Mengedoth Dental, PC

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Guidelines for Oral Sedation

- I agree to abide by all the following guidelines for utilization of oral conscious sedation. These instructions are required by Mengedoth Dental for my care, safety, and the best interest of those involved in my treatment at this office. In being sedated, I agree to the following:
- To follow all written instructions for the prescription dispensed to me through my pharmacy.
 - To present to Mengedoth Dental with a licensed driver 10 minutes prior to my scheduled appointment and to check-in with my driver at the front reception desk.
 - To provide an emergency contact name and phone number(s) (below) in case of emergency, or if a change in treatment occurs while I am sedated.
 - To remain in the office of Mengedoth Dental until the time at which my treatment has been completed, and the licensed driver has presented to the front desk of the office to bring me home.
 - To return home after the appointment and not operate any machinery or equipment that could cause harm to me or others for a minimum of 12 hours.
 - To ensure all financial requirements for my appointment will be made prior to the date of treatment, as charges for services will be incurred the day of treatment.

These are the contractual conditions for which I am responsible due to the nature of the medication utilized for sedation.

Signature _____ Date _____

Name of emergency contact, telephone number(s) and relationship with the patient: *

Driver's name and telephone number (if different than emergency contact):

Response Date: ___/___/_____