



## Intravenous Sedation Patient Instructions

Dr. Mohamed Ibrahim, BDS  
Certified to Provide Intravenous Sedation to Dental Patients

### The Day Before Your Appointment:

1. DO NOT eat or drink anything after midnight the night before.
2. DO NOT drink any alcoholic beverages 48 hours before the appointment.
3. If you become sick with any type of illness, cold, flu, cough, breathing issues, please call the office immediately and let us know.
4. DO NOT chew gum, tobacco, smoke marijuana, mints or sip/drink water after midnight.
5. YOU MUST confirm that you have a responsible adult taking you home and staying with you for 24 hours after you are discharged and provide our office with their contact information.

### The Day of Your Procedure:

1. Please make sure you go to the washroom before they call your name to the back of the office.
2. Please remove all makeup, body piercings, and nail polish/fake nails before the visit.
3. Wear comfortable loose fitting clothing. Short Sleeves are necessary!!
4. If you normally take medications each day, please take these with only a small sip of water, and not a full glass. **Make sure you have let your sedation dentist know ALL the medications you take and have gone over this with the dentist prior to the appointment.**

### After Your Procedure is Completed:

1. The responsible adult must come into the office once we have let them know you're ready to go and we MUST go over instructions regarding your visit. They are to stay with you for 24 hours after your appointment.
2. Public transportation cannot be used as a source of transportation to get home after the sedation procedure such as bus, taxi, train.
3. You CANNOT drive for 24 hours after your appointment.
4. You must not sign any legal documents for 24 hours.
5. You can't return to work or school after a sedation visit for 24 hours.
6. You must not operate any motor vehicles for 24 hours after the visit or use machines/power tools, or anything that requires fine motor control following sedation.
7. As a general rule we recommend after the sedation visit you spend 24 hours at home relaxing with a responsible adult.

I certify and acknowledge with my signature, that I have read and understood the following procedures above and understand what is expected of me before and after my dental sedation visit. I have had the opportunity to ask any questions about the above and receive answers before my appointment.

Patient Name \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_