

Parent/Guardian Sedation Instructions

Patient Name:	DOB:/
Please notify our office of any changes in y cause their procedure to be canceled or recough, or the fluinitials	our child's physical condition that could escheduled, such as a cold, fever, persistent
Please notify our office of any changes in y	·
The week before the procedure, we will cal drinking restrictions. We must speak with ye leave a detailed messageinitials	l to go over arrival times and eating &
Your child must not eat or drink anything a procedure. This is to ensure the safety of your food or drink can lead to serious complicated deathinitials	our child during sedation, as consuming
Your child should wear loose, comfortable such as a blood pressure cuff will be attac is also recommended your child uses the r initials	hed to their arm or leg. It
Please notify us if your child has taken any hours of the sedation appointment: this is	over-the-counter medications within 24 very important for their safetyinitials
Please arrive promptly for your child's apportence of the procedure. Allow for tro	pintment. Late arrival may necessitate affic in planning your departure from home arly, the staff will welcome the opportunity to
A parent or guardian must accompany the remain in the facility during the entire proc the child in the car on the way home and of	edure. *It is recommended one adult tend to
Your child should follow the post-sedation	instructions, which include avoiding the remainder of the day, following a specific and other symptoms, and contacting the
> We strive to provide exceptional care for your any further questions, do contact us at (80)	our greatest asset-your child. If you have



7815 Quaker Avenue

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sedation rev 06.2024