



Notice and Acknowledgement Oral Conscious Sedation Pre-Treatment

I, _____, have been given a prescription(s) for the following Oral Sedatives and medication:

- _____
- _____
- _____

I agree and understand that having been prescribed these drugs I have the following duties:

1. I will fill this prescription and bring the medication to my scheduled office appointment directly.
2. I will make sure to bring the prescription to my dental appointment and administer it there.
3. I am not to take the prescription before instructed to do so by the Near Me Dental staff.
4. I will make sure NOT to eat or drink any foods or liquids (including water) 8 hours prior to my appointment.
5. I will make sure to have a responsible adult to transport me to and from my appointment.
6. I will make sure to have a responsible adult to take care of me when I arrive home until the effects of the drug wears off completely (for at least 3 hours).
7. I will make sure to arrive one hour prior to my appointment treatment time so I have enough time to sign my oral sedation consent forms and other necessary forms consciously.
8. I will make sure not to have anyone other than myself have possession of the prescriptions.

The drugs prescribed to me will typically take 30-60 minutes to take effect and last for a minimum of 2 or 3 hours.

I have read, understood, and agreed to this document in its entirety.

Printed Patient Name _____

Signature of Patient _____

Date _____