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INTRAVENOUS SEDATION

What is Intravenous Sedation?

Intravenous sedation in dentistry is a modern technique of sedation that takes the fear out of dentistry and makes dental treatment a more pleasant experience. It also enables more dentistry to be done per session, thus saving the patients time.

Who can have Sedation?

Dental sedation is suitable for most people. However, if you are taking any medication or tablets or you are not in good health, you should tell your dentist so that sedation can be modified to suit your needs. Prior to your treatment, you will be asked to fill in a medical history form. Please do this thoroughly and if you do not understand any questions, please discuss with the dentist.

How will Sedation help me?

During sedation you become relaxed and drowsy and the dental treatment can be carried out painlessly. Intravenous sedation is available for any dental procedure however; your dentist may recommend sedation in certain circumstances, e.g. extensive dental treatment, difficult procedures or for anxious patients.

How is it done?

The technique involves the injection of small amounts of sedative in to a vein in the arm. The injection is painless, and the sedative soon takes effect. Local anaesthetic injections are often necessary, but will not cause you any discomfort. Due to amnesia (forgetfulness) produced by the sedative agents, it seems that you have been asleep for most of the treatment. However, you have merely been sedated and not unconscious in the way you would under general anaesthesia. On completion of treatment, you rest for a short while before being escorted home. While you may feel quite alert the treatment, the sedative agents are not completely eliminated from the body for some hours afterwards – thus the need for an escort.

Your dentist will provide you with detailed pre and post – operative instructions. Please have full regard for these instructions,

Intravenous sedation is a very pleasant way of enabling dental treatment to be carried out. Your dentist will be pleased to explain further to you.

Instructions to patients undergoing treatment with Intravenous sedation

- 1) You must not eat or drink for 4 hours prior to your treatment. Your last meal should be a light meal.
- 2) Wear warm, loose clothing, with sleeves that can be easily rolled up. We recommend that you do not wear high-heeled shoes, as you may be unsteady on your feet after the treatment.
- 3) Please arrange a responsible adult to drive you home after treatment. We do not recommend that you travel in a taxi, unless you are accompanied.
- 4) You must not drive, drink alcohol, cook, operate machinery or sign legal documents till the day after the sedation.
- 5) We strongly recommend that you return to your home and rest.
- 6) Please do not wear any make-up, especially nail polish and lipstick.
- 7) Any patient, who is taking prescribed medication regularly, must know the medications name, as well as bring the medicine within the prescribed containers on the day of their scheduled appointment.
- 8) If you are a diabetic, please inform us prior to your appointment, so we can give you the necessary instructions to follow.



We will provide you with an itemized account and it would be appreciated if you could settle this account **at the time** of your appointment.

Payment may only be made by cash or cheque. (Please make cheque payable to DANELLEN P/L)

Note: Credit card and EFTPOS are not available for anaesthetic accounts.



All fees are payable on day of treatment

\$400.00 for the first hour

\$300.00 for every subsequent hour

Medicare will give a rebate of roughly half back.

A cancellation fee may be charged for appointments with less than 48 hours notice given.

Please complete this form and bring to your IV appointment. Thank you

Date.....
First Name.....
Surname.....
Date of birth.....

PLEASE PROVIDE INFORMATION ABOUT THE FOLLOWING:	YES	NO	FURTHER INFORMATION/TREATMENT
Have you had previous anaesthetic? If so, where?			
Did you have a reaction to the anaesthetic?			
Are you under the care of a doctor for any medical condition? Have you ever been seriously sick? If yes, please explain			
Are you taking any kind of medications? If so, what are they?			
Do you have any drug allergies?			
Are you pregnant or breastfeeding?			
Do you smoke? If yes, how many per day?			
Do you drink alcohol? How much per week?			
Is there anything else about your health that we should know about?			
Have you eaten or drunk anything in the last 4 hours?			
How are you getting home? Please give us their contact number.			

I agree the above information is to the best of my knowledge true and correct.

.....
Signature

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Date