

Dear parent: Your child _____ will receive treatment under oral sedation.

Please check the following boxes regarding your child's procedure:

- For your **child's safety**, it is **mandatory** that the stomach be empty at the time of the sedation appointment. **Do not allow your child to eat or drink anything, even water**, after midnight.
- Your child won't go to sleep. Just get drowsy or sedated. Sometimes they cry during freezing or with loud noise but they quickly settle down. However, if child is moving too much or it is not safe to proceed we will stop treatment and explore other treatment options
- Some children don't react well to sedatives (about 3/10) instead of getting sedated they get upset, crying, yelling, punching (like an "intoxicated" individual). There is no way to predict this reaction. When it happens it is very hard for parents. Therefore, we will wait for the behavior to settle down and schedule for general anesthesia
- Some children do very well during sedation but after the sedatives wear off they get very upset and this is mostly related to the numbing feeling after. Pre-teen females tend to have a more emotional reaction after procedures completed
- Dental materials: silver amalgam fillings or SSC are recommended. Zirconia/white options also available upon request
- Please **do not** bring any siblings. One adult and one child. Bring them wearing comfortable clothes and a comforting item such a blanket, pillow or stuffy
- The drugs are given and then we wait for about **two hours** before the sedatives take full effect (it varies on each child). Recovery can also be slow. Children will only be allowed to leave the office until he/she has either finished a popsicle or a juice box to guarantee their airway is functional. This recovery time also varies among children
- Vomiting (throw-up) sometimes is a side effect of the medications during or after procedures
- Parents are advised to wait at reception area. However, you are welcome to come and see how your child is doing at any time during the appointment. Please prepare to be at the office for about **4 hours**.
- PLEASE BE ADVISED THAT THERE IS A \$100.00 CHARGED FOR A FAILED SEDATION**
- PLEASE NOTE THAT THE DEPOSIT WILL BECOME NO-REFUNDABLE IF THE BOOKED APPOINTMENT IS MISSED OR YOU HAVE NOT COMPLIED WITH THE PRE INSTRUCTIONS FOR THE PROCEDURE.**

Parent's signature
CDA initials
Date