

246 Portage Avenue Winnipeg, MB R3C 0B1 www.greenwoodsdental.com Phone: (204) 779-7779 Fax: (204) 594-5768 SurgicalServices@greenwoodsdental.com

Patient Pre-Operative Checklist for Deep Sedation & General Anesthesia

- Did not have any foods 8 hours prior to appoint
- O Did not drink any alcoholic beverages in the past 24 hours
- Have taken any regular medication/pills (if any)

I understand and agree to the above:

- o Accompanied by an adult / parent / legal guardian who will be waiting and driving you home after your treatment
- o Arranged for a responsible adult (aged 18 years or older), to accompany you home after your treatment
- Arranged for a responsible adult to remain with you for the next 24 hours
- Be prepared not to operate a motor vehicle or machinery of any kind for 24 hours following treatment. Tasks requiring skill, concentration or judgement during this time should be avoided.

APPOINTMENT WILL BE RESCHEDULED IF THE ABOVE INSTRUCTIONS HAVE NOT BEEN FOLLOWED

Patient Name:	Patient / Guardian Signatu	ıre:
Date:	Witne	ss:
Emergency Contact Person:	Phor	ne:
Scheduled Appointment:		
Date:	Time:	

It is important that you understand the circumstances surrounding this treatment.

If you have any questions, please do not hesitate to ask them, please call our office 204-779-7779.