



1635 Memorial Drive · Burlington, NC 27215
336.227.0175 office · 336.229.0176 fax

Preoperative Oral Sedation Instructions (2mg)

You may not consume any solid food for at least six (6) hours prior to your appointment time. You may have clear liquids until one (1) hour before your appointment time.

Take one 2mg tablet two hours prior to your appointment.

You must have a responsible adult accompanying you to the office for this procedure. The person accompanying you must be with you and supervise you continuously from the time you take the premedication until you arrive in this dental office. This includes the entire time and all activity, even including going to the bathroom.

You may not drive from the time you take your medication until the day after your surgical appointment.

You must give the instructions on the back of this form in writing to the person that will be accompanying you and have them read the instructions, and, if they do not have any questions, sign the form and either bring it or fax it to the office.

See back for accompanying adult premedication and information agreement.

Accompanying adult premedication information and agreement

Name: _____

I agree to accompany _____ on
_____ to their scheduled surgery appointment at
_____. I agree to be present the entire time with the patient starting at the
time the oral premedication is taken until the patient is seated inside the office, and after the
appointment for at least six hours. I understand that I am not to allow the above patient to drive
or undertake any activity unassisted that could result in harm including stairs and going to the
bathroom unaccompanied. If the surgical procedure is expected to last more than an hour, I can
leave the office but must inform the office staff of my location and how to contact me. I will then
return 30 minutes before the scheduled time of completion of the surgery. I will then transport
the above patient home and supervise him/her as above for at least six hours. Before I leave the
patient, I will assure myself that he/she is capable of taking care of the him/herself, including
walking steadily, talking clearly, plainly and lucidly and is fully alert.

**These instructions were reviewed with me before the patient started premedication
and/or I.V. sedation.**

Accompanying adult signature

Date