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Pediatric Dentistry

## SEDATION PRE-TREATMENT INSTRUCTIONS

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

### Oral Sedation or General Anesthesia

We appreciate the trust you have placed on us in treating your precious child. Our goal is to continue to earn that trust while meeting their dental needs. While we have discussed options that will better suit the needs of your child, their well-being is of the utmost importance. Due to that, the following is a list of important information to help the sedation case be much more effective. Please let us know if you have any questions.

- 1. Eating Requirements:** Do not eat or drink anything **after midnight** the night before the sedation appointment. **NO FOOD & LIQUIDS.**
- 2. Medication/Allergy Requirements:** inform your dentist and/or anesthesiologist before sedation appointment if your child has allergies to medications and/or is taking any medications.
- 3. Clothing Requirements:** Wear loose fitting comfortable clothes that will allow monitors to be placed. If your child has a favorite blanket or stuff animal, bring it.
- 4. Care Taker Requirements:** Parent/Legal Guardian must be present at all times during treatment. Ideally 2 adults with child for appointment. Try not to bring any other children to this appointment to focus on your child that is being sedated. Plan on having a responsible adult with your child all day.
- 5. Health Requirements:** Please call the office immediately if any changes occur in your child's health, such as head cold, chest cold, head trauma, etc. Rescheduling your appointment may be necessary due to increased risk of complications.

**There will be a \$65 fee for any cancelled appointment without a 48 hour notice.**

**I acknowledge receipt of and understand the instructions for oral sedation or general anesthesia.**

Parents/Legal Guardian Printed Name: \_\_\_\_\_

Treatment Date: \_\_\_\_\_

Post-Treatment Appointment (if necessary): \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian's signature

\_\_\_\_\_  
Date