



You have the right to be informed about your diagnosis and planned treatment so that you may make a decision whether to undergo the procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

If you are scheduled for IV sedation, DO NOT eat or drink anything at least 8 hours prior to your appointment (including water). If you have food or liquid in your stomach while under IV sedation, you could vomit and the contents of your stomach would enter your lungs and a possible life-threatening event could result.

- If your treatment is in the morning, do not eat or drink anything between bedtime and your scheduled appointment.
- If your treatment is in the afternoon, a light liquid breakfast before 7:00 A.M. is encouraged.
- Unless specified by your doctor, all medications taken on a routine basis should be continued without interruption. Please swallow a minimal amount of water.

A responsible adult, over 18 years of age, must accompany you to our office and remain here throughout the entire procedure. Following the sedation, this responsible adult must escort you home and a responsible adult should remain with you for the next 24 hours.

Minors (persons under the age of 18 years) must be accompanied by a parent or legal guardian.

Do not ignore a head or chest cold. Call us immediately if you have any symptoms as a change of appointment will probably be necessary.

If you have ever had a severe illness of any type, please inform us (e.g. Rheumatic fever, Glomerulonephritis, Diabetes, Porphyria, Lung or Heart problems, Asthma, Allergy history). Furthermore, tell us of any medications that you are currently taking.

If you have had previous IV sedation, please inform us of the date of IV sedation and any problems that you might have had with the anesthetic. Consultation and medical evaluation may be necessary prior to the surgery.

Contact lenses must not be worn during surgery. A loose fitting short sleeve shirt or blouse (button type) should be worn. Do not wear earrings, wigs, nail polish, makeup or any other cosmetics the day of surgery. Leave all personal items including purses, dentures, contact lenses or glasses with the person who accompanies you. Also, plan to have someone care for your minor children at home. Upon the completion of your treatment, you will remain in the clinic until the doctor feels you have sufficiently recovered and are ready to leave for home.

On occasion, inflammation of the vein in the area of the needle insertion will occur in the first 3-4 weeks following treatment. Using warm, moist packs in the area will usually relieve pain and tenderness. If the problem persists, you should immediately contact our office.

Do not drive an automobile for 24 hours after surgery. Any patient accepting IV sedation must specifically agree to not drive a vehicle or operate any machinery the same day, to not undertake any responsible business matters, and to not drink alcohol for 24 hours.

Someone should stay with you for 24 hours after the surgery! Should anything unforeseen occur, it may be necessary for you to be admitted to the hospital for treatment and/or observation. Complications, however, are rare.

Failure to follow any of these instructions will result in cancellation of the IV sedation appointment. Please visit our website at www.MounceEndo.com for additional helpful information.

I have read and fully understand the above instructions and information. I have been informed of the possible alternative methods of treatment (if any), and of the potential risks and complications which may occur if treatment is not received. I consent to the administration of anesthesia, including local, oral and/or intravenous (IV) anesthesia in connection with the procedure(s) referred to above, and to the use of such anesthetics as may be deemed advisable with the exception of _____ to which I said I was allergic (name of particular anesthetic).

Patient name (printed): _____
Signature (patient/guardian): _____ Date: _____
Witness: _____ Date: _____