



IV SEDATION DRIVER/ACCOMPANYING COMPANION CONSENT

Patient name: _____

Appointment: _____

Companion/Driver name: _____

My signature below shows that I hereby certify that I am a *responsible adult, over 18 years of age, with a current driver's license and a safe driving record*. I agree to accompany the patient named above to and from a dental appointment in which **IV conscious sedation** will be administered. I understand that I cannot leave the building.

I agree to **remain in the waiting area** during the procedure, to **accompany and secure the patient safely in the vehicle**, to **drive the patient home following the procedure** and to **observe the patient** for a *minimum of 6 (six) hours (& up to 24 hours until the effects of IV sedation have worn off)* following the procedure.

I have read the **post-operative instructions** carefully and agree to follow them to the best of my ability. I will contact the office if the patient or I have any questions or concerns.

I understand that although the patient remained conscious during the procedure, the medications used tend to produce amnesia for up to 24 hours following treatment. I understand that during at the first 24 hours following IV sedation, the patient **should not drive a car, cook, operate machinery, sign important documents or make important decisions**.

I understand that if the patient is hungry following surgery, only a light, soft, bland meal should be eaten. The patient should drink plenty of water to avoid dehydration. Pain medications should not be taken on an empty stomach. The patient should not drink alcohol during the 24-hour recovery period.

I understand that the patient should *rest for the remainder of the day* – no physical exercise or other strenuous activities.

I understand that the patient should **take prescribed medications** as directed by the doctor providing IV sedation and/or treatment. Once the patient has left the care of Collins Dental, it will be the driver's responsibility to ensure that the patient arrives home safely.

I can read and understand English and understand the information this office has provided me to accompany and properly care for the patient following a dental appointment in which IV sedation was administered.

Driver Name: _____ Date: _____
Printed Signature

Driver Phone Number: _____

Patient Name: _____ Date: _____
Printed Signature

Witness: _____ **Date:** _____