

Patient's Name _____

Date of Surgery _____ Time _____ AM PM

IV SEDATION ANESTHESIA INSTRUCTIONS

You will always be given local anesthesia for your surgery. Medications are given through a vein in your arm or hand, which will cause total relaxation and, although you will not actually be unconscious, there will be very little recall (if any) of the events surrounding surgery. It is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any premedication prescriptions that we have provided using only a small sip of water.

I have been informed by Dr. Howard Cooke of my condition and understand the following requirements for anesthesia:

- If you are not allergic to aspirin, we suggest that you take two (2) generic Ibuprofen tablets (i.e. Advil, Motrin, etc) four (4) times a day or every four (4) hours the day before your surgery.

❖ Do not take your Advil the morning of your surgery!

- We suggest you get some over the counter Pepcid AC. Take two (2) Pepcid AC with a small sip of water in the morning of your surgery to decrease the acidity in your stomach.
- I understand that the type of anesthesia that will be administered is IV Sedation.
- I have been verbally told and understand that I must have a completely empty stomach and that it is vital that I have nothing to eat or drink for six (6) hours prior to the administration of anesthetic. To do likewise, may be life threatening!
- I have been verbally told and understand that because anesthetic medications cause prolonged drowsiness, I must be accompanied by a responsible adult to drive me home and stay with me until I am sufficiently recovered to care for myself. This may be up to 24 hours. During this time period I will not drive, operate complicated machinery or devices, or make important decisions such as signing documents.
- I agree and allow my doctor and/or his selected assistants, permission to explain postoperative instructions to the person(s) that accompany me on the day of my surgery.
- I have been verbally told and understand that the **estimated** amount of \$_____ is due and payable on the day of surgery..

❖ There is a \$75.00 fee for scheduled surgery appointments that are missed without 24 hour notification!!

Patient's (or legal guardian's) signature Date

Witness's Signature Date

Our goal is to provide you with a safe, pleasant and effective anesthesia. In order to do this it is imperative that we have your full cooperation. Please feel free to ask or call about any questions regarding your surgery or anesthetic.