

WELCOME TO OUR OFFICE...

We look forward to making your visit pleasant. Our office and procedures have been designed to put you at ease and our staff members are devoted to your comfort. We truly care about your needs and hope you feel relaxed in our office.

We are pleased to introduce **Robert Rota C.R.N.A.** who has been providing us with I.V. sedation services in our office for patients who require it. Mr. Rota is a Mayo Clinic School of Anesthesia graduate with over 90,000 anesthetics to his credit.

We've chosen this professional for I.V. expertise in our office because of both safety and efficiency. Our team approach allows the anesthetist's constant, personal and state-of-the-art electronic monitoring while we remain focused on providing quality dental care without distractions. Because your comfort and safety are our main concern, we do require that you bring a friend or relative to drive you home following an I.V. sedation procedure.

To provide you with the best service and personal attention, I.V. Sedation services require at least two weeks advance scheduling. The anesthetist's fees are separate and distinct from those charged for service provided by your dental specialist. **Payment for Mr. Rota's services are required at the time of service.** Generally I.V. sedation services for dental procedures are not covered by insurance; however, Mr. Rota will provide you with a billing statement to submit to your insurance for reimbursement. Payment can be made by cash, check, or credit card. We do not accept Care Credit.

Base Fee:

\$495—includes all medications, I.V. supplies, monitoring equipment, pre-treatment consultation and medical history.

The base fee also includes the 1st hour of the anesthetist's services.

Additional Fees:

\$75.00 per 15 minutes following the 1st hour of treatment.

Thank you for your effort to preserve your dental health. It is a wise decision and we are pleased to be part of the effort.

PRE-ANESTHESIA INSTRUCTIONS

The instructions herein must be strictly adhered to before commencing with anesthesia. Neglecting any of the following may compel the doctor to cancel the start of treatment.

ACCOMPANIED BY AN ADULT- All sedation patients must be accompanied to and from the appointment by a responsible adult. The responsible adult should remain in the office during the appointment unless otherwise authorized by the practitioner.

EATING AND DRINKING- Do not eat anything after midnight the day before your scheduled appointment. Those for afternoon treatment may have a light breakfast six (6) hours prior to treatment (i.e: toast, breakfast bars) Do not consume dairy products (i.e: eggs, milk, cheese) No solid foods after that time. You may have clear liquids up to 3 hours before your treatment. (i.e: apple or cranberry juice) Do not consume dairy or drinks containing caffeine.

MEDICATIONS- Medications normally taken should be taken unless otherwise agreed upon by this office, and may be taken only with a sip of water.

CLOTHING AND MAKEUP- Casual clothing with short sleeves is desirable. As are two-piece outfits, to allow easy monitor application. Contact lenses must be removed before appointment.

CHANGE IN HEALTH- A change in your health, especially the development of a cold or fever is important. For your safety, you may be re-appointed for another day. Please inform this office of any change in your health prior to your appointment.

GETTING HOME- The patient must be driven home by a responsible adult (**buses or cabs are unacceptable**)

POST-ANESTHESIA INSTRUCTIONS

HOME- A responsible adult should be with the patient until the next day.

REST- Go home and rest for the remainder of the day. Do not drive a motor vehicle or perform any hazardous tasks for the remainder of the day.

DRINKING AND EATING- Food and beverage may be taken when desired. It should be soft and not hot. No alcoholic beverages for 24 hours. A feeling of nausea may occasionally develop after sedation. The following may help you feel better: 1) Lying down for awhile, or 2) A glass of Ginger Ale or a carbonated beverage.

Please contact Mr. Rota (**719-440-9343**) immediately if nausea or vomiting last for longer than 4 hours, if your temperature remains elevated for longer than 24 hours, or with any other concerns.

Consent for IV Sedation/Anesthesia

I understand that undergoing IV Sedation/Anesthesia includes possible inherent risks such as, but not limited to the following:

Complications due to drugs and anesthesia, which include but are not limited to: tenderness, bruising, nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke and heart attack. Some of these complications, although rare, may require hospitalization and may even result in death.

Bruising or tenderness of the IV induction site may occur. Some sedative agents may cause a burning or itching sensation in the wrist or arm during induction. Edema may be caused when excess IV sedation fluid enters surrounding tissues and may take several days to resolve. Tenderness/edema can be treated with moist heat applied to the site.

Need for limitation of food and drink. I understand that the patient must refrain from any food or drink after midnight for a morning appointment. Prior to an afternoon appointment the patient is limited to a light breakfast no later than six hours before treatment time and clear liquids up to three hours before treatment.

Changes in health are important, including fevers or cold. I am expected to convey this information to the dentist prior to a planned appointment when IV sedation/anesthesia are involved.

A responsible adult must accompany the patient at the time of discharge, and I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing IV sedation/anesthesia.

Women: Anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion, and I accept full responsibility for informing the dentist or attending anesthesiologist or anesthesiologist of a suspected or confirmed pregnancy.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of IV sedation/anesthesia and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death which may be associated with any phase of receiving IV sedation/anesthesia in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to all and authorize Mr. Rota and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications, for my own benefit or the benefit of my minor child or ward.

Patient's name (please print) _____ Date _____

Signature of patient, legal guardian or
Legal representative _____ Date _____

Witness to signature _____ Date _____

