

Please sign & return lower
portion-keep upper
portion for your information

**Pre-Operative Instructions and Consent for Dental Treatment
With General Anesthesia**

1. Do not eat or drink anything after midnight prior to scheduled procedure (i.e. no solid foods, crackers, eggs, toast or breads of any kind; no milk, water or juice).
 2. Please do not bring any additional children with you on the day of the surgery.
 3. You must be ready to spend the whole day (morning and afternoon) at the Surgery Center.
 4. Make sure your child is not wearing any jewelry the day of the procedure.
 5. Please bring an extra change of clothes (i.e. underwear and/or diapers) that day.
 6. Dress your child in loose, comfortable clothing.
 7. If your child is taking any medication or drugs, please consult with us one week prior to the surgery date to find out if they should be taken before surgery.
 8. If your child has a fever, earache, sore throat, runny nose, cold, wheezing, coughing, etc., please call us as soon as possible. If your child is sick, the procedure may have to be cancelled.
 9. The day of the procedure, please go to Century Same Day Surgery Center located at 7 Century Hill Drive in Latham one hour before the scheduled procedure.
 10. Bring any necessary paperwork (i.e. insurance information, medical clearance form) with you.
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I have received a copy of the Pre-Operative Instruction. I have been told that **General Anesthesia** will be administered to my child and fully understand the nature procedure(s) and all risks/benefits and alternatives involved with **General Anesthesia**. Understand that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the original treatment or different treatment than those set forth in the original treatment plan. I give my permission to Dr. Jason Decker and/or Dr. Nancy Cavotta and their assistants to perform such additional procedure(s) as they seem dentally necessary.

I have read and understand these instructions.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Dentist _____ Date _____

Signature of Witness _____ Date _____