

**APPOINTMENT FOR:** 

30 Innovator Avenue, Unit 3 Stouffville, ON L4A 0Y2 info@lddentistry.ca www.littledreamersdentistry.com ☎ 905-591-7999

₿ 905-591-7990

## PRE-OPERATIVE INSTRUCTIONS FOR CHILDREN HAVING GENERAL ANESTHESIA

NO FOOD AFTER 10:00 PM
DO NOT give your child anything to eat or drink after 10:00PM the night before their appointment.
IT IS IMPORTANT THAT YOUR CHILDS STOMACH IS EMPTY AT THE TIME OF APPOINTMENT, OR YOUR APPOINTMENT WILL BE CANCELLED AND A \$250 CHARGE WILL APPLY.
Initial:
ARRIVING
TWO ADULTS MUST accompany the child to the day of the appointment.
If two adults do not accompany the child on the date of the treatment, the appointment will be cancelled and an <u>additional fee of \$250</u> will be charged on the credit card provided.
Initial:
The child MUST wear loose-fitting clothes so that monitoring equipment can be applied easily – NO tights or onesie that cover their feet. Your child should NOT wear contact lenses, makeup, or nail polish. Leave valuables at home. Please bring a change of clothes (please bring an extra diaper, if necessary).
OVERALL, HEALTH OR SICKNESS
If there is any change in your child's overall health (new medical diagnosis, recent hospitalization, current illness under investigation, new medications) OR your child develops a new cough, cold, flu, fever, respiratory illness, diarrhea, or illness requiring antibiotics in the 3 weeks prior to the appointment, please call the office at <b>905-591-7999</b> .
GETTING HOME - TAKING PUBLIC TRANSPORTATION IS NOT ALLOWED
<b>TWO ADULTS</b> must accompany the child on the ride home, one with the child in the back seat and one driving. The child MUST be secured in a car seat OR seatbelt. The companion must be at the patient's side on the ride home (i.e., NOT BE DRIVING THE CAR AND LEAVING PATIEINT UNATTENDED IN THE BACK OF THE CAR).
PLEASE NOTE
Three (3) business days' notice <b>MUST</b> be given for any change or cancellation of the appointment or \$250 charge applies.
At least one legal guardian <b>MUST</b> be present on the day of treatment, or the appointment will be cancelled.
Parent/Guardian: Date: