

## INSTRUCTIONS PRIOR TO SEDATION

**Eating and Drinking.** Please do not eat anything for 6 hours prior to your scheduled appointment. If you have a morning appointment, please do not have any food or liquid after midnight. If you are coming in the afternoon or later in the day for your MRI or procedure, please only have clear liquids like apple juice or water no later than 2 hours prior to your scheduled MR or procedure sedation.

**Clothing.** Please wear a comfortable, short-sleeved shirt and warm, comfortable pants. Also, flat comfortable shoes are recommended. Please leave all your valuables at home.

**Medications.** Take all of your normal medications unless otherwise directed. Please let us know if you have any change in your medications.

**Transportation.** A responsible adult must drive you to and from your procedure. This person needs to either stay or return to drive you home at the end of your study.

**Health Status.** Please let us know prior to your appointment if you are ill. If you have a cold or fever, you may need to be rescheduled.

## POST-SEDATION INSTRUCTIONS

- After you return home, you need to rest for the first day and have a responsible person with you. You need to be accompanied by a responsible adult who can drive you home. You should not plan to drive a vehicle or operate potentially dangerous equipment for 24 hours after your treatment. You will not be allowed to be discharged by bus or taxi.
- When you get home, a responsible adult must be with you for the remainder of the day.
- You may resume your normal diet unless directed by the staff; however, no alcoholic beverage should be consumed for 24 hours as these may seriously interact with sedation medications.
- A very small percentage of patients develop tenderness or swelling at their intravenous site or redness. If this occurs, please call our office at 303-762-0060 or go to the nearest emergency room.
- If you have any questions, please feel free to call our office and thank you for trusting us with your sedation needs.

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Patient Signature      Date \_\_\_\_\_

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Witness Signature