

Kawartha Dental Anaesthesia Clinic

250 Reid Street, Peterborough, ON K9J 3R1
(705)743-1851 Fax (705)743-6602

APPOINTMENT DATE: _____

Prior to Appointment:

A **pre-op check** is required. Please **see your family physician 1-2 weeks before** your dental appointment.

Financial arrangements MUST be made prior to appointment for any fees not payable by your dental benefits. Current month dental cards **MUST** be provided, failure to do so may result in cancellation of your appointment. All sedation patients are required to be here approximately **45 minutes prior** to their treatment time. This is included in the time you are given, appointments may run behind. Our office will call you **approximately one week before** your appointment to inform you of **the actual arrival time**. Please provide our office with your **Ontario Health Card** if you are unable to have pre-op check done with your family physician.

Day of Procedure:

Eat or drink nothing after midnight. Failing to do so, presents serious risks and the surgery will be cancelled.

Please ensure your child is **freshly bathed** prior to their appointment for sterility purposes. Also bring a **change of clothes** for your child. No cosmetic makeup, nail polish, perfume, jewelry or contact lenses.

All sedation patients must have a **responsible adult to accompany** them to and from the appointment and stay with them for the next 24 hours. There is a **2 person maximum** to accompany the patient. The nurse will **escort you** to and from the operating room and will answer any questions. You **must have an appropriate means of transportation** home after the dental procedure is complete. City bus, cycling and/or walking home is **NOT** permitted.

We ask that you **do not bring any food or drink** into our waiting area out of respect for our patients who are fasting.

Post Operative:

Reduce normal activities. Notify your family doctor if you should experience:

- Tightness in the chest
- Difficulty with pain or breathing
- Temperature over 38.5C
- Excessive pain

If you doctor cannot be reached, please visit the nearest hospital.

You will receive instructions to take home with you to help with a speedy recovery. Please follow these carefully!

**If you have any further questions, please contact us @ 705-743-1851
OR BY E-MAIL @ referrals@kawarthadentalclinic.com OR BY FAX @ 705-743-6602**