



Plaza DENTAL CLINIC

Family Dental Practice since 1995
780-532-6861
#601 11625 99 Street
Grande Prairie, AB
T8V 6Z1

Dr. Inder Dhir
Dr. Vamsi Boddeda

www.plazadentalclinic.ca

(Please sign and return this copy)

1. Before you leave your dentist's office you will be given information from your dentist about looking after your mouth as well as when you should see your dentist again.
2. After the appointment, you MUST make certain that you have someone responsible to accompany you home, and under NO circumstances can you drive, travel home alone by bus or taxi. You must not drive or operate power tools or machinery for 24hrs
3. DO NOT drink alcohol for 24hrs
4. Your dentist will discuss with you what medication to take for pain. DO NOT take any other prescription drugs, without prior consultation with your dentist.
5. Avoid making important or financial decisions for at least 24 hours.
6. Once at home rest and take it easy you may feel tired for the remainder of the day.
7. For the first 3 hours do not eat or drink anything. You will have a frozen mouth for several hours and eating or drinking may cause coughing and choking. After 3 hours, take a liquid diet or soft diet for the rest of the day. Your dentist may give you something to drink before you leave the office.
8. If you have any questions about your dental work, dental care or have any problems with mouth pain or bleeding please call the dental office.
9. If you have any emergency concerns **AFTER office hours** about your procedure or sedation please call Dr. Boddeda 587 298 8092 If it is **DURING office hours** please call the office number 780 532 6861 .
10. In the event that you cannot get in contact with Dr. Boddeda or the office, and you have immediate emergency concerns, please proceed to the nearest emergency department of your local hospital.
11. If you are admitted to a hospital within 10 days after your procedure please notify your dentist's office.

NAME & PHONE NUMBER OF ADULT TAKING YOU HOME

PRINT NAME: _____

PHONE NUMBER: _____

I CERTIFY THAT I HAVE READ & UNDERSTAND THE ABOVE INFORMATION

PRINT NAME OF PATIENT: _____

SIGNATURE OF PATIENT OR GUARDIAN: _____

DATE SIGNED: _____