

MEDICATIONS

- Take your normal medications, unless we instruct you otherwise. Your medications have been crosschecked for drug-drug interactions using the latest software.
- Do not take any narcotics (Vicodin/Hydrocodone) or any recreational drugs 24 hrs prior to your sedation visit.
- Take 10mg Valium at bedtime, the night before your sedation appointment and another 10mg Valium 1 hour before your appointment.
- We will administer the other sedatives in the office.
- Please tell us if you are taking any of the following medications:

GENERIC NAME	BRAND NAME	GENERIC NAME	BRAND NAME
<input type="checkbox"/> Amprenavir	Agenerase	<input type="checkbox"/> Itraconazole	Sporanox
<input type="checkbox"/> Atazanavir	Reyataz	<input type="checkbox"/> Ketaconazole	Nizoral
<input type="checkbox"/> Clarithromycin	BiaXin	<input type="checkbox"/> Nelfinavir	Viracept
<input type="checkbox"/> Fosamprenavir	Lexiva	<input type="checkbox"/> Ritonavir	Novir
<input type="checkbox"/> Grapefruit Juice	Grapefruit Juice	<input type="checkbox"/> Saquinavir	Invirase
<input type="checkbox"/> Indinavir	Crixivan		

_____ (Initials)

EATING/DRINKING

- Do not eat or drink anything after midnight the night before your sedation appointment.
- Do not drink Grapefruit Juice for 1 week prior to your sedation appointment.
- Do not eat Grapefruit for 1 week prior to your sedation appointment
- Do not drink alcohol or caffeinated beverages 24 hours prior to your sedation visit.
- If you are diabetic, record your morning glucose reading. You can eat or drink something light.

_____ (Initials)

SMOKING

- Nicotine levels in your blood will affect your sedation experience, so please follow the following guidelines:
 - If you smoke less than a pack a day..... refrain from smoking for 12 hrs
 - If you smoke a pack a day..... refrain from smoking for 24hrs
 - If you smoke more than a pack a day..... smoke right before you come to the office

_____ (Initials)

COMFORT

- Wear comfortable clothing. You will be at the office for several hours.
- You can bring your favorite blanket, or we can provide one.

_____ (Initials)

TRANSPORTATION

- A responsible adult should drive you to and from the office.
- You will not be able to drive for 24 hours .

_____ (Initials)

COMPANION

Name & Phone Number: _____

- Drive your patient directly home and call us when you arrive and the patient is comfortable.
- Help him/her out of the car and up any stairs.
- Always hold patient's arm while walking.
- Your patient may tell you he/she is fine to walk by him/herself, but please take all precautions until you are sure the sedation medications have worn off.
- Patients should not carry or sleep next to young children for 24 hours after their sedation appointment.
- Patients should not take sedatives or stimulants for 24 hours after their sedation appointment.

_____ (Initials)

ACKNOWLEDGEMENTS

- There is no chance of pregnancy.
- There has been no change in my medical history since my consultation.

_____ (Initials)

ANY QUESTIONS, PLEASE CALL

- Office: (631) 581-5121
- Dr. Forlano's cell: (516) 987-9308

_____ (Initials)

Print Your Name

Sign & Date