



# GRAND AVENUE DENTAL CARE

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## PRE-SEDATION QUESTIONNAIRE

1. Have you ever been treated under sedation before and if yes, any complications?
2. What do you usually take for pain control and how much?
3. What are your goals as far as this sedation goes? How can we help you get the most out of this sedation procedure?
4. Are you pregnant, plan on becoming pregnant or nursing? (Benzodiazepine use prohibited use Ativan)
5. Have you ever been told that you have a hyper/hypo active thyroid?
6. Are you a smoker? (Use Ativan)
7. Have you used recreational drugs within the last 48 hours?
8. History of Diabetes (if diabetic when and what was your last A1C.) , blood illness, kidney disease, liver disease, COPD or sleep apnea?
9. Are you currently taking Viagra, Cialis or Levitra (Sildenafil drugs)?
10. Are you currently taking any anti-depressant or anti-anxiety medication?
11. Do you consume alcoholic beverages? If yes, how much and when was your last alcoholic beverage?
12. Is there anything in your health history that we have not discussed today that could affect the success of the sedation procedure and/or compromise the safety of the sedation procedure?

Name \_\_\_\_\_ Date \_\_\_\_\_