

IV SEDATION CONSENT

Recommended Treatment:

I understand that in IV conscious sedation, small doses of various medications will be administered to produce a state of relaxation, reduced perception of pain and drowsiness. However, I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered to numb the areas of my mouth to be treated.

Patient Compliance:

I agree to the following: (1) I will refrain from eating and drinking 6 hours prior to my dental appointment; (2) I will refrain from consuming any alcoholic beverages for 12 hours before and 24 hours following this procedure; (3) I will disclose to the doctor any and all drugs and medications I am currently taking; (4) I have disclosed any abnormalities in my current physical status or past medical history including any history of drug or alcohol abuse or any abnormal reactions to any drugs/medications which I have taken; (5) I will arrange for a responsible adult to drive me home and be with me until the effects of the sedation have worn off; (6) I will refrain from driving a motor vehicle or operating dangerous machinery for the remainder of the day I received sedation.

Expected Benefits:

The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension and stresses sometimes associated with these procedures.

Principal Risks and Complications:

Discomfort, pain, swelling, bruising, inflammation of veins (phlebitis), infection, bleeding, nausea, dizziness, vomiting, and allergic reaction. In extreme rare instances heart attack, stroke, brain damage or even death could occur.

Alternatives:

Alternatives to IV conscious sedation include local anesthesia, Nitrous Oxide or oral conscious sedation. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a great risk. There may be less control of proper dosage with oral sedation than with IV conscious sedation.

I CERTIFY THAT I HAVE READ & FULLY UNDERSTAND THIS DOCUMENT

Patient signature

Date

Witness signature

Date

Doctor signature

Date