

SEDATION CONSENT FORM



The purpose of this document is to provide an opportunity for patients to understand and give permission for conscious sedation when provided with dental treatment. By signing below you acknowledge that you understand the information presented, have had all your questions answered satisfactorily, and give consent to perform this procedure.

1. I understand that the purpose of conscious sedation is to more comfortably receive needed dental care. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)
2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation does not mean sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that my conscious sedation will be achieved by the following 2 ways:
 - a. Oral Sedation: I will take a pill approximately 30 minutes before my appointment. The sedation will last approximately 24 hours.
 - b. IV Sedation: The doctor will start an IV when I arrive so medication can be delivered during my visit.
4. I understand that the alternatives to conscious sedation are:
 - a. No Sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - b. Anxiolysis: Taking a pill to reduce fear and anxiety.
 - c. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware. Its effects can be reversed in five minutes with oxygen.
 - d. General Anesthesia: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is not performed in this office.
5. I understand that there are risks or limitations to all procedures. For sedation, these include:
 - a. Inadequate sedation with initial and subsequent doses may require the patient to undergo the procedure without being fully sedated or delay the procedure for another time.
 - b. An unusual reaction to sedative drugs such as an altered mental state, physical reactions, allergic reactions or other sickness which may require emergency medical attention and/or hospitalization.
 - c. Inability to discuss treatment options with the doctor should circumstances require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgement is necessary and to discuss any change in treatment with my escort. I understand that I have the right to designate the individual who will make such a decision.
7. I have had the opportunity to discuss conscious sedation and have had my questions answered by qualified personnel including the doctor. I understand that I must follow all recommended treatment and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood-altering drugs or other medications.
9. I will not be able to drive or operate machinery for 24 hours after my sedation/procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking sedatives.
10. I hereby consent to conscious sedation in conjunction with my dental care.

Consent signed by:

Print Name

Signature

Date



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