

Sedation Consent Form

I have requested an IV and/or Oral sedative: Valium, Halcion, Ativan, Versed, Fentanyl, or others to help relieve my anxiety and/or apprehension. I understand the sedative may cause dizziness, drowsiness, time constriction, motor incoordination and fatigue. I understand that I must have a responsible adult transport me to the office and home afterward. I understand that I will be under the influence of the sedative for 8 to 10 hours and agree to stay at home under the supervision of an adult, and will not attempt to drive, supervise or care for children, or perform anything that requires coordination or personal judgment. I understand that I can NOT have any alcohol, tranquilizers or other sedatives on the day of the treatment — either before or after treatment.

Anesthesia includes, but not limited to Local anesthesia: Carbocaine, Lidocaine, Marcaine, Septocaine, etc., to block pain pathways in a localized area (by injection) Local, intravenous sedation or general anesthesia: alters your awareness of the procedure by producing sedative/amnesic effects or sleep I understand there are risks involved with both anesthesia and oral sedation that can include but are not limited to:

- Nausea and vomiting
- Temporary or permanent partial numbness to face or tongue
- Unexpected allergic reaction
- Pain, swelling, bruising or inflammation to the area of injection in the hands or arms
- Prolonged disorientation, confusion or drowsiness after treatment
- Respiratory or cardiovascular responses that can lead to stroke, heart attack or death
- Falls caused by instability post-ingestion

Some of these above complications, although rare, may require hospitalization at your own expense and may even result in death.

With the use of IV sedation, a constant “drip” of an anti-anxiety medication is maintained via the intravenous tube directly into the bloodstream through the dental procedure. This will produce a state of relaxation, reduced perception of pain, and a degree of drowsiness or sleepiness, but will not fully induce sleep and you will breath on your own. Your vitals are constantly monitored through the entire procedure with a pulse oximeter. Bruising or tenderness of I.V. induction site may occur. Some sedative agents may cause a burning or itching sensation in the wrist or arm during induction. Edema may be caused when excess I.V. sedation fluid enters surrounding tissues and may take several days to resolve. Tenderness/edema can be treated with warm moist heat applied to the site.

I also understand and agree that prior to any anesthesia, I will not ingest any fluids or solids by mouth for six (6) hours prior to the dental procedure, as this could be life-threatening. I understand that I must have a responsible adult transport me to the office and home afterward. I understand that I will be under the influence of the sedative for 8 to 10 hours and agree to stay at home under the supervision of an adult, and will not attempt to drive, supervise or care for children, or perform anything that requires coordination or personal judgment. I also agree that I have provided a complete and truthful medical history that includes all medications, drug use, and that I am certainly not pregnant.

We invite your questions concerning this or related procedures and their risks. By signing below you acknowledge that you have read this document, understand the information presented, understand that you could see a specialist but are choosing care from the treating general dentist, and have had all your questions answered satisfactorily.

Signature of Patient or Responsible Legal Guardian

Date

Patient's Name (Please Print)

Relationship

Witness/ Doctor

Date