

## **CONSENT FOR SEDATION (IV OR ORAL – WITH OR WITHOUT NITROUS OXIDE)**

**WHAT IS CONSCIOUS SEDATION:** The purpose of conscious sedation is to receive dental care in a relaxed state. I understand that I am receiving conscious sedation and I will most likely fall asleep and have little or no memory of the procedure. I understand that I will not be “knocked out” or made unconscious (deep sedation or general anesthesia). The most common risks and complications associated with sedation include nausea, vomiting, and allergic reaction that may require hospitalization. In extremely rare circumstances even death may occur. For patients receiving IV sedation, there is a risk of pain, inflammation and/or infection at the intravenous site.

**NO GUARANTEE:** I understand that sedation is not required for dental surgery. I also understand that sedation has limitations and risks, and absolute success cannot be guaranteed. If adequate sedation cannot be achieved, the patient will be given the option of proceeding with treatment or being referred for deep sedation or general anesthesia.

I understand that during the procedure, a change in treatment may be required. I authorize the doctor to make whatever change the deem in the professional judgement is necessary. I also authorize the doctor to discuss my care and instructions with my escort.

**MEDICAL HISTORY:** Any personal illness, weakness, or allergy must be reported. Personal or family history of poor outcomes following sedation should be reported. Also, details of any drugs being taken – especially sleeping drugs, antihistamines, or cortisone medications, must be reported to us. This includes over the counter drugs, street drugs, or prescription drugs.

I understand that those with a history of chemical dependency have a risk of relapse after anesthesia and should take appropriate precautions including informing the doctor.

**FEMALES ONLY:** I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Any suspected or confirmed pregnancy must be reported to the doctor. Please inform the doctor if you are nursing.

**FOLLOWING SEDATION:** I will not drive a vehicle or operate any machinery after sedation for the rest of the day. I will not undertake any responsible business matters. I will not drink alcohol for 24 hours after sedation. I will have a responsible adult (friend or family member) escort me home and stay with me for at least 6 hours after the procedure.

I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY AND HEREBY CONSENT TO THE PERFORMANCE OF SEDATION AS PRESENTED TO ME. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT MY SEDATION AND AM SATISFIED WITH THE INFORMATION PROVIDED TO ME.

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**Patient's or Guardian's Signature**

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**Date**

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**Patient or Gaurdian Printed Name**