



Oral Sedation Informed Consent

Procedure(s) _____

I have requested an oral sedative: Valium, Halcion, Ativan, (other) _____ with a dosage of _____ to help relieve 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: Local anesthesia (Septocaine, Lidocaine, 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
- 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.
- Inadequate sedation with the initial dosage which may require undergoing the procedure without full sedation, or having to reschedule the procedure.
- Atypical reaction to the sedative drug which may require emergency medical attention and/or hospitalization such as, but not limited to: altered mental state, adverse physical reaction, allergic reaction or other unforeseen sicknesses.
- The inability to discuss treatment options during the procedure should the circumstance arise, that requires the Doctor to change the treatment plan.

I understand that the alternatives to oral conscious sedation are:

- No sedation: Treatment is performed using a local anesthetic, or not, and the patient is fully aware of surrounding activity.
- Anxiolytics: A sedative pill is taken prior to treatment to reduce anxiety and fear. (Xanax, Klonopin, etc.)
- Nitrous oxide sedation: Provides relaxation through inhalation of the gas, and the patient is still generally aware of surrounding activity. Its effects are rapidly reversed with the administration of oxygen.
- Intravenous sedation: The slow injection or drip of a sedative into to a vein. (Not offered in this office)

- General anesthetic: Generally used in a hospital setting, it requires breathing to be supported and the patient has no awareness of his surroundings. (Not offered in this office)

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 also agree that I have provided a complete and truthful medical history that includes all allergies, medications, drug use, pregnancy, medical conditions, etc.

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 dentist, and have had all your questions answered satisfactorily.

Additional comments _____

Any allergies? Yes No If yes, _____

Pharmacy Information _____

Driver Information _____

I consent to the use of oral conscious sedation to be used in conjunction with my dental treatment.

Patient signature/legally authorized representative

Relationship _____

Printed name if signed on behalf of the patient

Doctor signature