

An explanation of I.V. Conscious Sedation, its purpose, benefits, possible complications as well as alternate methods of anesthesia were discussed with you at your consultation, and we obtained your verbal consent to undergo the treatment planned for you. Please read this document which repeats issues we discussed in its entirety and provide the appropriate signature on the last page. Please ask us to clarify anything that you do not understand and answer any of your questions at any time.

PATIENT'S CONSENT FOR INTRAVENOUS (I.V.) CONSCIOUS SEDATION

TYPES OF ANESTHESIA: I have been informed that my dental treatment can be performed with a variety of types of anesthesia: (1) local anesthesia (numbing) as normally used for dental treatment, (2) local anesthesia supplemented with I. V. conscious sedation and (3) general anesthesia in the hospital or out-patient day care surgical center. I have been made aware that the risks with each type of anesthesia vary, with local anesthesia (numbing) generally considered to have the least risk and general anesthesia having the greatest risk. I have been advised that if I am significantly prone to fear, anxiety or emotional stress related to dental procedures, or if a long or stressful procedure is to be undertaken, or if certain medical or physical conditions exist, this risk sequence can change, and properly administered I. V. conscious sedation might be beneficial relative to the other anesthetics alternatives. I understand that, based on the doctor's judgment, one or more of the choices for anesthesia may not be desirable in every case.

INTRAVENOUS CONSCIOUS SEDATION: I have been informed that the goal of I.V. conscious sedation is to reduce fear or apprehension which may occur during a dental procedure. Usage of intravenous delivery administration of small incremental doses of various drugs will aid relaxation, reduce pain and cause drowsiness or twilight sleep but not the complete sleep as with a general anesthetic. Local anesthetics will also be given in my mouth to numb the areas to be operated for pain control. Drugs used may include the following:

_____ Valium (diazepam)

_____ Demerol (meperidine)

_____ Versed (midazolam)

_____ Other: _____

Other drugs may be used in the sound judgment of the doctor to aid my reaction to other drugs given in I.V. sedation or enhance my physical condition during the procedure.

POSSIBLE RISKS AND SIDE EFFECTS: I have been informed and understand that occasionally there are complications associated with I. V. conscious sedation including but not limited to: pain, hematoma (bruising due to leakage of blood from the vein,) phlebitis (inflammation of the vein,) infection, swelling, bleeding, numbness, discoloration, nausea, vomiting, allergic reaction, and in extremely rare instances brain damage, death or intra-arterial injection with damage to the part of the body supplied by the artery.

PATIENT COMPLIANCE: I agree to the following: (1) I will refrain from eating for _____ hours prior to my dental appointment according to the dentist's instructions ; (2) I will not consume any alcoholic for 12 hours before and 24 hours following this procedure; (3) I have informed the doctor of all drugs and medications I am currently taking whether prescribed or over the counter; (4) I have disclosed any abnormalities in my current and past medical history including any history of drug or alcohol abuse and unusual or abnormal reactions to any drugs/medications; (5) I will arrange for a responsible adult to drive me home and remain with me until the sedation effects have worn off and (6) I will not drive a motor vehicle or operate dangerous machinery for the remainder of the day I receive sedation.

.PATIENT'S ENDORSEMENT: My endorsement (signature) to this form indicates that I have read and fully understand the terms, risks, and words within this document and the explanations referred and that after careful consideration, I give my consent to the performance of any and all procedures related to I. V. conscious sedation as discussed with me during consultation and treatment plan presentation by the doctor and as described in this informed consent document.

Patient's Signature (Signature of Parent or Legal)

Date

Signature of Doctor

Date

Signature of Witness

Date

Relationship to Patient