

Sedation Consent Form

Patient's Name: _____

Driver's Name _____

I am being provided with this information so I may better understand the treatment recommended for me. **I understand that I may ask any questions** I have and that it is best to ask them before treatment begins.

Nature of Sedation

Intravenous (IV) or oral conscious sedation provides you with a tranquil, relaxed state. Most people experience amnesia, but you may remember some of your appointment. A local anesthetic (numbing) will also be used.

Precautions

Because of the effects of the sedative, you will not be able to drive after the surgery. You are required to have a responsible adult accompany you to our office to drive you home. Your driver must remain in the dental building for the duration of your procedure. You are advised to have someone stay with you for the 24 hours following the appointment. DO NOT plan on driving, working or operating machinery for 24 hours following your sedation. As your judgment will be impaired, DO NOT make critical or legal decisions for the next 24 hours following your sedation. DO NOT consume alcohol or take tranquilizers or sleeping pills for the 24 hours following the sedation, as these can

cause life-threatening interactions with the sedation medications administered. If you are a recreational drug user, you must disclose this.

Day of Treatment

DO NOT eat or drink anything (except water) within 6 hours prior to your appointment. Drinking small amounts of water up to 2 hours before your appointment is encouraged; if you are dehydrated it may be impossible to access your veins. You should take all of your current medications at their normally scheduled times, with minimal amounts of water. Do not eat or drink anything (including water) within the last 2 hours before your appointment. Parents are not permitted in the room during sedation, as the doctor and clinical staff must be focused entirely on the patient.

Please wear a loose, short-sleeved shirt that will not hinder the placement of the blood pressure cuff and/or IV line. Please do not wear nail polish on the day of the procedure, as it inhibits proper monitoring of vitals.

I understand that during the course of treatment, unforeseen conditions may be revealed that necessitate additional procedures than those explained to me. If such unforeseen conditions arise, I authorize the dentist to do whatever he/she may deem advisable.

Upon your arrival, your sedation will be cancelled if:

- ● You have eaten anything within the past 6 hours
- ● You are not accompanied by an adult who will stay and drive you home
- ● You have a cold or other illness which would put you at risk

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Risks

I understand that occasionally complications may be associated with IV or oral sedation. These include nausea, vomiting, pain, swelling, bruising, bleeding, vein inflammation (phlebitis) and allergic reaction.

No videotaping in our office will be permitted during or after sedation. The driver or family member's primary concern should be the care of the patient, **NOT** recording the patient in a sedated state.

I have discussed my treatment with the doctor(s) doing the sedation/procedure and have been given an opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, the risks of the recommended treatment and the risks of refusing treatment.

Signature_____

Print Name

Date: _____

Patient or Guardian