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DENTISTRY WITH INTEGRITY

Informed Consent for Nitrous oxide-Oxygen, Minimal or Moderate Sedation

This form is intended to document the discussion we have had regarding your planned nitrous oxide-oxygen, minimal or moderate sedation procedure. If you are having a dental procedure completed by another dentist in conjunction with the sedation, this form does not include the risks or benefits of that dental procedure.

Even though anesthesia (general or local) and sedation involves additional risks, for the protection from pain and discomfort during the procedure, I consent and request local anesthesia with sedation under the direction of Dr. _____ and to the use of such anesthetics and/or sedative agents as he/she may deem advisable. The purpose of the sedation is to help me relax, but not to put me to sleep. The plan is to sedate me with sedatives given _____ (route of administration), although the route may change.

The reason I am asking for these medications is:

Benefits of _____ sedation include reduced awareness of unpleasant sights, sounds and sensations associated with the dental procedure. Reduced anxiety should also be present. Sedation can be administered by multiple routes and these options have been discussed with me.

Risks of Anesthesia and Sedation. There are risks and hazards attendant to the sedation procedure. I realize that common side effects from anesthesia or sedation may include nausea, vomiting, drowsiness, and fatigue. Though not a complete list, other less common hazards may occur, which include: allergic reactions, minor discomfort, irritation to veins, blood clots, bruising of tissue, sloughing of tissue, damage to vocal cords, tooth injury, paralysis, blindness, cardiac arrest, brain injury, and even death.

I understand that it is critically important that I fully discuss my complete medical history with the dentist before sedative medications are administered.

I recognize that I must do several things in connection with minimal and moderate sedation. These instructions do not apply to nitrous oxide-oxygen sedation. Specifically, I must refrain from eating solid foods and drinking opaque liquids for six (6) hours before my dental appointment. I must refrain from drinking clear liquids for two (2) hours before my dental appointment. I must not drink any alcoholic beverages, smoke cigarettes, or take certain medications for twelve (12)

hours before and twenty-four (24) hours after the procedure. The dentist has reviewed the written instructions with me including expectations regarding food/drink intake, escort and activity after the sedation. The pre-operative instructions have been thoroughly explained to me and given to me in a written form and I have had all questions answered concerning these instructions. I understand that failure to comply with these instructions may result in my sedation being canceled for that day.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness, lack of awareness, and lack of coordination, any of which can be increased by the use of alcohol and other drugs. I have been advised not to undertake any hazardous activity or operate any vehicle, automobile, or hazardous device while taking medications and/or drugs, or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device until the next day after my release from surgery or until recovered from the effects of the anesthetic medication and drugs that may have been given to me in the clinic. I agree not to drive myself home after surgery and will have a responsible adult drive me or accompany me home after my discharge from surgery.

I acknowledge that no guarantee has been made as to the results that may be obtained.

I have been fully informed of the sedation procedure, the procedure to be utilized, the risks and benefits of sedation, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my dentist. After thorough deliberation, I hereby consent to the performance of the sedation as presented to me. I also consent to the performance of such additional or alternative procedures as may be deemed necessary to the best judgment of my dentist.

I certify that I have had an opportunity to read and fully understand the terms and words within the above consent to the procedure and the explanation referred to or made

I further certify that I received, read and understand the pre-operative sedation instructions

Additional Comments:

Patient: _____

Date: _____

Patient Signature: _____

Doctor Signature: _____

Witness Signature: _____