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## CONSENT FOR IV CONSCIOUS SEDATION

**Diagnosis.** I have been informed that my treatment can be performed with a variety of types of anesthesia. These include local anesthesia as normally used for minor dental treatment, local anesthesia supplemented with IV conscious sedation, and general anesthesia in the hospital or outpatient surgical center. My periodontist has recommended IV conscious sedation in addition to other possible forms of anesthetic for several possible reasons such as:

- (1) a long and possibly stressful procedure is to be undertaken,
- (2) certain medical or physical conditions of mine may indicate sedation, or
- (3) I am subject to significant anxiety and emotional stress related to dental procedures.

**Recommended Treatment.** I understand in the IV conscious sedation, small doses of various medications will be administered to produce a state of relaxation, reduced perception of pain, and drowsiness. However, I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered to numb the areas of my mouth to be operated and thus further control pain. I understand that the drugs to be used may include Valium and/or narcotics such as Demerol.

I recognize that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating for four (4) hours before my dental appointment(s). I must not drink any alcoholic beverage or take certain medications for twelve (12) hours before and twenty-four (24) hours after the procedure(s) (your periodontist will help explain if this applies to your particular case). Further, I will arrange for a responsible adult to drive me home and stay with me until the effects of the sedation have worn off. I will not drive a motor vehicle or operate dangerous machinery on the day(s) that I receive the sedation.

**Expected Benefits.** The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension, and stresses sometimes associated with these procedures.

**Principle Risks and Complications.** I understand that occasionally complications may be associated with IV conscious sedation. These include pain, swelling, bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reactions. I further understand that, in extremely rare instance, damage to the brain and even death, can occur.

To help minimize risks and complications, I have disclosed to my periodontist any and all drugs and medications that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse and any reactions to medications or anesthetics.

**Alternatives to Suggested Treatment.** Alternatives to IV conscious sedation include local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or a surgical center—either as an inpatient or as an outpatient. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a greater risk. There may be less control of proper dosage with oral

sedation than with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

***Necessary Follow-up Care and Self-Care.*** I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a twenty-four (24) hour period following the administration of IV conscious sedation (your periodontist will decide if your medication dosages need to be temporarily changed). I also understand that a responsible adult should drive me home and remain with me until the effects of the sedation have worn off and that I should not drive or operate dangerous machinery for the remainder of the days(s) on which I receive sedation.

***No Warranty or Guarantee.*** I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, there are risks and potential complications in the administration of IV conscious sedation.

***Publication of Records.*** I authorize photos, slides, x-rays or any other viewing of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public without my permission.

PATIENT CONSENT



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(IV Conscious Sedation)

I have been fully informed of the nature of IV conscious sedation, the procedure(s) to be utilized, the risks and benefits of this form of sedation, the alternatives available, and the necessity for follow-up. I have had an opportunity to ask any questions I may have in connection with the procedure(s) and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the IV conscious sedation procedure(s) as presented to me during consultation and in the treatment plan for my periodontal needs.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.**

_____	_____	_____
Date	[Printed Name of Patient, Parent, or Guardian]	[Signature]
_____	_____	_____
Date	[Printed Name of Doctor]	[Signature]
_____	_____	_____
Date	[Printed Name of Witness]	[Signature]

**PATIENT CONSENT**  
(IV Conscious Sedation)

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[Signature]