



## Informed Consent Documentation for Conscious Sedation

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

I, \_\_\_\_\_, request and authorize Dr. Scott Smith/ Dr. Darrell Park/ Dr. Steven Stancey, a general dentist, to administer conscious sedation medications to me in conjunction with a dental procedure being completed by \_\_\_\_\_.

The reason I am asking for these medications is \_\_\_\_\_  
\_\_\_\_\_.

Benefits of conscious sedation include reduced awareness of unpleasant sights, sounds, and sensations associated with the dental procedure. Reduced anxiety should also be present.

Risks of conscious sedation include nausea/vomiting, allergy to medication, irritation and/or pain/swelling to skin and veins, breathing problems, brain damage, cardiac arrest and death.

I understand that it is critically important that I fully discuss my complete medical history with Dr. Smith, Dr. Park or Dr. Stancey before sedative medications are administered.

Dr. Smith, Dr. Park or Dr. Stancey has reviewed the written instructions with me including expectations regarding food/drink intake, escort and activity after the sedation.

### **MUST HAVE A DRIVER TO AND FROM APPOINTMENT**

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

I also understand that the sedation plan may need to be changed on the day of the procedure.

During the discussion, I have had my questions answered to my satisfaction.

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ DATE: \_\_\_\_\_