



Informed Consent Documentation for Anesthesia

This form is intended to document the discussion we have had regarding your planned sedation procedure using **Nitrous Oxide, Midazolam, Triazolam, and / or Demerol**. 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.

The onset of some medications is very rapid. You should not drive or operate heavy machinery after taking any sedative medications for the rest of the day.

The sedation medication should not be used if you are allergic to this or any related medications, you are pregnant or breast-feeding, or you have liver / kidney disease.

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

I understand that the risks of sedation include, but are not limited to, nausea/vomiting, allergic reactions, 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 and that during discussion, I have had any and all of my questions answered to my satisfaction.

TREATMENT: _____

PATIENT: _____ DATE: _____
Signature Print Name

WITNESS: _____ DATE: _____

DENTIST: _____ DATE: _____