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CONSCIOUS SEDATION INFORMED CONSENT FORM

Each item should be initialed by the patient after discussion with the dentist.

_____ 1. I understand that the purpose of conscious sedation is to more comfortably receive necessary care. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed.

_____ 2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.

_____ 3. I understand that my conscious sedation will be achieved by the following route:

_____ Oral administration: I will take a pill approximately _____ minutes before my appointment. The sedation will last approximately _____ to _____ hours.

_____ 4. I understand the alternatives to conscious sedation are:

- a) No sedation. Procedures are performed under local anesthetic with the patient fully aware.
- b) Anxiolysis. Taking a pill to reduce fear and anxiety.
- c) Nitrous oxide sedation. Nitrous oxide provides relaxation but the patient is still generally aware of surrounding activity. Its effects can be reversed in five minutes with oxygen.
- d) Intravenous administration. Injection of a sedative into a tube connected to a vein in my arm.
- e) General anesthetic. A patient under general anesthesia has no awareness and must have their breathing temporarily supported. Most likely used in a hospital setting.

_____ 5. I understand that there are risks or limitations to all procedures. Sedation risks and limitations include:

- a) _____ Inadequate medication: May have the patient undergo the procedure without full sedation.
- b) _____ Atypical reaction: May require emergency medical attention and/or hospitalization.
- c) _____ Inability to discuss treatment options while medicated.

_____ 6. If, during the procedure, a change in treatment is required, I authorize the doctor to make whatever change is deemed necessary, in the doctor's professional judgment. I understand that I have the right to designate an individual other than the doctor who can make such a decision.

_____ 7. I have had the opportunity to discuss conscious sedation and have my questions answered. I understand that I must follow all the recommended treatments and instructions of the doctor.

_____ 8. I have notified the doctor that:

- a) I am not currently pregnant or lactating.
- b) I have listed all medications, allergies and sensitivities in the medical history form, including psychiatric mood altering drugs.
- c) I am of sound mental and physical ability and understand the impact of conscious sedation.
- d) I have not consumed alcohol in the last 24 hours.

_____ 9. I understand that I will not be able to drive a vehicle or operate machinery for 24 hours after completion of the treatment. I have made arrangements for transportation to and from my dental appointment.

_____ 10. I hereby consent to conscious sedation in conjunction with my dental care.

Patient/Guardian

Date

Witness