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