



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 out-patient surgical center. My periodontist has recommended IV conscious sedation in addition to other possible forms of anesthetic because a long and stressful procedure is to be undertaken, certain medical or physical conditions of mine may so indicate, or I am subject to significant anxiety and emotional stress related to dental procedures.

Recommended Treatment: I understand that in 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 versed, fentanyl, diphenhydramine, propofol, dexamethasone, and ondansetron.

I recognize that I must do several things in connection with IV conscious sedation. I must refrain from eating for (6) hours before my dental appointment. Clear liquids up to 2 hours prior.

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.

Principal Risks and Complications: I understand that occasionally complications may be associated with IV conscious sedation. These include pain, facial swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction. I further understand that in extremely rare instances, damage to the brain or other organs supplied by an artery, and even death, can occur.

To help minimize risks and complications, I have disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse and any unusual 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 surgi-center – either as an in-patient or as an out-patient. 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 medication for a twenty-four (24) hour period following the administration of IV conscious sedation. 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 day 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.

Use of Records for Reimbursement Purposes: I authorize photos, slides, x-rays or any other viewings of my care and treatment during or after its completion.

Pre- and Post-Operative Instructions: Because of the nature of the proposed treatment and/or procedure, Doctor has advised me that I should have nothing to eat or drink (with the exception of clear liquids only) after midnight the night before or within four (4) hours of the proposed surgery. Additionally, certain prescribed medication may cause drowsiness, alone or in combination with alcohol or other sedatives. **I have been advised not to drive or operate dangerous machinery within twenty-four (24) hours of taking such medication.** Accordingly, I have arranged to be driven and accompanied home by another person.

PATIENT CONSENT

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risks and benefits of periodontal surgery, the alternative treatments available, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of IV conscious sedation as presented to me during consultation and in the treatment plan presentation as described in the document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

[Date]

[Printed Name of Patient, Parent or Guardian]

[Signature of Patient, Parent or Guardian]

[Date]

[Printed Name of Witness]

[Signature of Witness]



PATIENTS RECEIVING IV SEDATION

What is your age? _____ What is your date of birth? _____

How many hours has it been since you had anything you eat or drink? _____

Do you use tobacco? _____ Do you use recreational medications? _____

Have you had any alcohol in the last 2 days? _____ If yes, how much? _____

Are you presently or possibly pregnant? _____

List any medications, over the counter or prescription that you have taken this morning. _____

List any medications, over the counter or prescription that you take routinely. _____

List any allergies or sensitivities to medications, over the counter or prescription. _____

List any prior surgeries or anesthetic experiences and/or complications. _____

Name and phone number of your escort. _____

Phone number where you can be reached tonight. _____

Patient Signature _____ Date _____

IV SEDATION PROCEDURE INSTRUCTIONS

It is important to follow directions for best outcome for your surgery.

- If you are diabetic, please let us know for modified instructions.
- Do not eat anything four (6) hours prior to your appointment. Stay hydrated with clear liquids up to 2 hours prior to appt.
- If you are instructed to take any medication on the morning of your appointment, you may do with water.
- Please take regular prescription medications as normal.
- If you are taking Ozempic (or similar medication GLP-1 Agonist you must hold for 7 days prior to scheduled procedure. For the 24 hours prior to your procedure you MUST be on a clear liquid diet.
- You must arrange for someone to drive you to and from your appointment. We ask that the driver stay in our office for the appt. Do not drive for the remainder of the day. A responsible adult should remain with you while you recover.
- Do not drink any alcohol the day of or the day after your appointment. Refrain from alcohol consumption while taking prescription medications.
- Do not smoke before your appointment
- Please wear comfortable clothing the day of your appointment. Shirts must be loose fitting with short sleeves for access to your arms.
- Do not wear jewelry, contact lenses or bring anything valuable.
- No two people react the same, but most people are sleepy for the remainder of the day. Do not plan on returning to work, making important decisions or operating machinery for at least 24 hours.

If you need anything prior to your appointment, we are here to help you.

Please do not hesitate to call:

Office

509-838-4321