

Peter L. Thompson, DDS
CONSENT FOR IV SEDATION

ALTERNATIVE TYPES OF ANESTHESIA: I have been informed that my treatment can be performed with either: (1) no sedation: the necessary procedure is performed under local anesthetic with the patient fully aware (2) anxiolysis: taking a pill to reduce fear and anxiety (3) nitrous oxide sedation: commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen (4) general anesthetic: commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported.

THE PROCESS OF IV CONSCIOUS SEDATION: I have been informed that the objective of IV conscious sedation is to lessen the significant and undesirable side effects of long/and or stressful dental procedures. This is accomplished by the administration of small incremental doses of various medications such that they produce a state of relaxation, reduced perception of pain and drowsiness. In addition, local anesthetics will be administered in my mouth to numb the areas to be operated so as to control pain.

POSSIBLE RISKS AND SIDE EFFECTS: I have been informed and understand that occasionally there are complications associated with IV conscious sedation, including but not limited to: pain, hematoma (bruising of the vein), phlebitis (inflammation of the vein), infection, swelling, bleeding, numbness, discoloration, nausea, vomiting, allergic reaction, and in extremely rare instance intra-arterial injection with damage to the part of the body supplied by the artery, brain damage, or death.

PATIENT COMPLIANCE: I agree to the following: (1) I will refrain from eating and drinking for 8 hours prior to my dental appointment; (2) I will refrain from consuming any alcoholic beverages for 12 hours before and 24 hours following this procedure; (3) I will disclose to the doctor any and all drugs and medications I am currently taking; (4) I have disclosed any abnormalities in my current physical status or past medical history including any history of drug or alcohol abuse or any abnormal reactions to any drugs/medications which I have taken; (5) I will arrange for a responsible adult to drive me to and from the office, and stay with me at home until the effects of the sedation have worn off; and (6) I will refrain from driving a motor vehicle or operating dangerous machinery for the remainder of the day I received sedation.

PATIENT'S ENDORSEMENT: My endorsement (signature) to this form indicates that I have read and fully understand the terms and words within this document and the explanations referred to or implied, and that after thorough deliberation, I give my consent for the performance of any and all procedures related to IV conscious sedation as presented to me during consultation and treatment plan presentation by the doctor or as described in this document.

Patient/Guardian

Date

Witness