

CONSCIOUS SEDATION INFORMED CONSENT

1. I understand that the purpose of conscious sedation is to more comfortably receive necessary dental care. Conscious sedation is not required to provide the necessary dental 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 intravenous delivery. The sedation will last a to be determined number of hours.
4. I understand that the alternatives to conscious sedation are:
 - A. No Sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - B. Anxiolysis: Taking a pill to reduce fear and anxiety.
5. I understand that there are risks or limitations to all procedures. For sedation these include:
 - A. Oral Sedation: Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
 - B. A typical reaction to sedative drugs, which may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, and other sicknesses.
 - C. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is require, I authorize the doctor and the operative team to make whatever change they deem in their professional judgement is necessary. I understand that I have the right to designate the individual who will make such a decision.
7. I have had the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatments and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.
9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking oral sedatives.

Patient Signature:
