



Sedation Consent

This form is intended to document the discussion we have had regarding your planned conscious sedation procedure. The medications we use are typically sedatives and analgesics. These medications can greatly minimize anxiety that may be associated with going to the dentist. Their use in the office setting induces a relaxed state that progresses to a sedated state. You will still be able to communicate with the dentist while treatment is being performed. This level of sedation is called “conscious sedation.” Benefits of conscious sedation include reduced awareness of unpleasant sights, sounds and sensations associated with the procedure is a possibility but not common. Even though conscious sedation is safe, effective and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations. Risks of conscious sedation include:

- Nausea/Vomiting
- Allergy to medication
- Irritation and or pain/swelling to skin and veins (IV only)
- Prolonged sedation
- Amnesia
- Breathing problems, brain damage, cardiac arrest, and death
- Intubation (Securing the airway emergently)
- Transfer to an emergency facility
- Organ system failure

The risks of dental sedation have been explained to me by Dr. Haddad. I have read, reviewed, and understand the above general risk profile of dental sedation.

(Please initial) _____

The dentist has reviewed the written instructions with me including expectations regarding:

- Food/drink intake – I have had nothing to eat or drink in the last 8-hour time
(Please initial) _____

Escort – The following escort will drive me to and from this facility. (Please initial) _____

ESCORT NAME: _____ PHONE NUMBER: _____

Activity after the sedation – The following caretaker will stay with me at all times for a minimum of 24 hours after I am discharged from this facility.

CAREGIVER NAME: _____ PHONE NUMBER: _____

Sedation can be administered by multiple routed Dr. Haddad has discussed these options with me. I also understand that the sedation plan may need to be changed on the day of the

procedure. I acknowledge that no guarantee has been made as to the results that may be obtained. During the discussion, I have had my questions answered to my satisfaction.

I, _____, request and authorize Dr. Haddad to administer oral/IV conscious sedation medications and/or nitrous oxide/oxygen to me in conjunction with the planned dental procedure. The dental procedure is: _____

Patient/Guardian: _____ Date: _____

Witness: _____ Date: _____

Doctor: _____ Date: _____