

**INFORMED CONSENT FOR I.V. CONSCIOUS SEDATION AND LOCAL ANESTHETIC**

An explanation of I.V. Conscious Sedation, its purpose, benefits, possible risks, and complications, as well as alternative methods of anesthesia, has been discussed with you at your consultation, and we obtained your verbal consent to undergo the treatment planned for you. Please read this document, which repeats issues we have discussed in their entirety, and provide the appropriate signatures on the last page. Please excuse us for this inconvenience, and do ask us to clarify anything that you do not understand.

1. **TYPES OF ANESTHETIC:** I have been informed that my treatment can be performed with a choice of types of anesthetic: RBA
  - A. Local anesthetic, as normally used for minor dental treatment.
  - B. Local anesthetic supplemented with I.V. conscious sedation. I understand that, based on the doctor judgment, one or more of the choices for anesthesia may not be desirable in every case.
2. **THE PROCESS OF I.V. CONSCIOUS SEDATION:** I have been informed that the objective of I.V. conscious sedation is to lessen the significant and undesirable side effects of long dental procedures by chemically reducing the fear, apprehension, emotional and physical (muscle fatigue) stresses sometimes present. This is accomplished by the administration of small incremental doses of various medications, so that they produce a state of relaxation, reduced perception of pain and degree of drowsiness, but that I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered in my mouth to numb the areas to be operated on, so as to control pain.
3. **POSSIBLE RISKS AND SIDE EFFECTS:** I have been informed and understand that occasionally there are complications associated with I.V. conscious sedation including, but not limited to: pain, Hematoma (bruising due to leakage of blood from the vein), Phlebitis (inflammation of the vein), infection, swelling, bleeding, numbness, discoloration, nausea, vomiting, allergic reaction, and in extremely rare instances, intra-arterial injection with damage to the part of the body supplied by the artery, brain damage, or death.
4. **PATIENT COMPLIANCE:** I agree to the following:
  - A. I will refrain from eating for one (1) hour prior to my dental appointment.
  - B. I will refrain from consuming any alcoholic beverages for twelve (12) hours before and twenty-four (24) following this procedure.

- C. I will disclose to the doctor any and all drugs and medications I am currently taking.
  - D. I have disclosed any abnormalities in my current physical status or past medical history of drug or alcohol abuse or any abnormal reactions to any drugs/medications which I have taken.
  - E. I will arrange for a responsible adult to drive me home and be with me until the effects of the sedation have worn off.
  - F. I will refrain from driving a motor vehicle or operating dangerous machinery for the remainder of the day in which I received the sedation.
5. PATIENT ENDORSEMENT: My endorsement (signature) to this form indicates that I have and fully understood the terms and words with in 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 I.V. conscious sedation as presented to me during consolation and treatment plan presentation by the doctor or as describes in this document.

Patients Signature, or Signature of parent of Legal Guardian	Date	Relationship to Patient
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Signature of Witness	Date
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As a part of this consent agreement, I give my personal pledge, as health care professional dedicated to the well being of my patients, to make every reasonable effort to assure that this patient receives the best possible care with the least possible risk.

Signature of Doctor	Date
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