

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/or 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 midazolam, diazepam, fentanyl and meperidine.

I recognize that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating or drinking after midnight the day prior to my dental appointment. The exception to this need for fasting is that medications should be taken on schedule with a small amount of water.

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 organ supplied by an artery, and even death, can occur.

To help minimize risks and complications, I have disclosed to my periodontist any and all drugs and medications that I am taking. I have also 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 sedation include

1. local anesthesia,
2. oral sedation,
3. intramuscular sedation, and
4. general anesthesia in the hospital or surgical center.

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 and Self-Care. I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a minimum of 18 hours or longer period following the

administration of IV conscious sedation if drowsiness or dizziness persist. 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 at least 24 to 48 hours from the time 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.

Publication of Records. I authorize photos, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

Governing Law. I agree that the relationship between me and the dentist shall be governed and construed in accordance with the laws of the province of Ontario.

Jurisdiction. I acknowledge that the treatment /service is to be performed in the province of Ontario, and agree that the courts of the province of Ontario shall have exclusive jurisdiction to adjudicate any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of the treatment.

PATIENT CONSENT

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risks and benefits of this form of sedation, the alternatives available and the necessity for follow-up. I have had the opportunity to ask any questions I may have in connection with the procedure 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 this 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)

Date: _____

I (print name) _____;

(sign name) _____ acknowledge that I am the responsible adult that will drive the patient, _____ home. I realize that the patient has had sedation and is in no condition to drive. To allow them to do so would place me and other motorists and pedestrians at risk of accident and possible death.