



IV Sedation Consent Form

Intravenous sedation makes lengthy or complex dental treatment more comfortable and easy for you. It can help remove anxiety, stress, discomfort, memory and awareness of the procedure. You enjoy a relaxing sleep whilst you maintain your ability to breathe for yourself, maintain your reflexes and your ability to respond to us if required. You will still receive a local anesthetic after you are sedated. Following your procedure you will be given appropriate recovery time in which you will be closely monitored.

Our practice is specially equipped for IV sedation treatments; however as with any anesthetic procedure it is not without risk. These risks include but are not limited to:

1. You may be relatively aware of the procedure.
2. You may experience nausea and vomiting.
3. You may remain drowsy and lack time and space judgment after the procedure is completed. This could last up to 8 hours.
4. Discoloration of the skin or bruising in areas of access to veins or attempted access may persist for some time.
5. You may experience complications including but not limited to respiratory depression, persistent generalized pain, areas of numbness, swelling, bleeding, allergic reactions and pneumonia.
6. There is an EXTREMELY remote possibility that complications may require transportation to a hospital for treatment. Serious complications may result in brain damage, myocardial infarction, cardiac arrest, stroke, coma or death.

CONSENT:

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND THE INFORMATION SHEET PROVIDED TO ME, AND HEREBY GIVE CONSENT TO TREATMENT UNDER INTRAVENOUS SEDATION. I COMMIT TO FOLLOWING THESE INSTRUCTIONS CAREFULLY AND COMPLETELY.

PATIENT NAME: _____

SIGNATURE (Patient/Parent/Guardian): _____

DATE: _____

