

Stoneham Dental Care

112 Main Street
Stoneham, MA 02180
781-438-1995

Sedation Informed Consent

- 1. I understand that the purpose of conscious sedation is to more comfortably receive necessary 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 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 sedation wear off.
- 3. I understand that my conscious sedation will be achieved by the following route:

_____ Nitrous Oxide Sedation

_____ Oral Administration
- 4. I understand that there are risks or limitations to all procedures. For sedation these include:

_____ Inadequate sedation may require the patient to undergo the procedure without full sedation or delay the procedure for another time.

_____ Atypical reactions to sedative drugs that may require emergency medical attention.

_____ Inability to discuss treatment options with the doctors should circumstance requires a change in treatment plan.
- 5. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever changes they deem in their professional judgment necessary.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. I hereby consent to conscious sedation in conjunction with my dental care.

Patient/Guardian

Date

Witness