Lake Forest Dental Associates

Restorative • Cosmetic • Implant Dentistry

CONSENT DOCUMENTATION FOR DENTAL SEDATION PROCEDURES

1. I authorize and direct Dr. _____ to perform upon (myself or patient's name) _____ the following dental procedure:

Nitrous oxide / oxygen sedation / valium / halcion

2. I understand, through discussions with Dr. _____ the nature and purpose of this procedure. I also understand what alternative treatments are available and the advantages and disadvantages of each, including no treatment. The alternative treatments that have been discussed are: no sedation, fear counseling, sedation with oral Valium or Halcion, referral to a dentist who will use IV sedation or general anesthesia including going to a hospital for a general anesthetic.

3. I understand that there are various risks, consequences, or complications that may result from performing this procedure. I acknowledge that some of the risks, consequences, or complications include, but are not limited to: nausea, hallucinations, amnesia of the procedure, hyperactivity (being more active than normal), dizziness, loss of coordination, sleepiness, laughing or crying. All should resolve quickly once you are back breathing room air. I understand that I may have to stay in the dental office for a short time after the treatment, or until my mental status has returned to normal.

4. I do not have Chronic Obstructive Pulmonary Disease (COPD), emphysema, a cold or pneumonia or upper respiratory infection, cold or flu, nor am I pregnant.

5. I understand that there is no guarantee that the dental procedure will be successful; the procedure is desired and intended to result in decreased anxiety and improved patient comfort.

6. I understand that local anesthesia (eg, Novocain) may still be required during the dental procedure.

7. I agree that a verbal discussion with Dr._____ has outlined why the procedure is recommended, what alternative treatments are available, what risks, consequences and complications may result from the procedure, and that all my questions have been answered satisfactorily. I also agree that all blanks above on this consent form were filled in before I was asked to sign it.

Patient or Guardian _____ Date:_____

I certify that I have discussed the above with the patient and that all blanks were filled in before signing.

Dr._____ Date:_____