

INFORMATIONAL PURPOSES ONLY

I. V. SEDATION/ANESTHESIA

I UNDERSTAND that undergoing I.V. SEDATION/ANESTHESIA includes possible inherent risks such as, but not limited to the following:

1. **Complications due to drugs and anesthesia**, which include but are not limited to: tenderness, bruising, nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. **Some of these complications, although rare, may require hospitalization and may even result in death.**
2. **Bruising or tenderness of the I.V. induction site may occur.** Some sedative agents may cause a burning or itching sensation in the wrist or arm during induction. Edema may be caused when excess I.V. sedation fluid enters surrounding tissues and may take several days to resolve. Tenderness/edema can be treated with warm moist heat applied to the site.
3. **Need for limitation of food and drink.** I understand that the patient must refrain from any food or drink after midnight for a morning appointment. Prior to an afternoon appointment the patient is limited to a light breakfast no later than six hours before treatment time and clear liquids up to three hours before treatment.
4. **Changes in health are important**, including fevers or cold. I am expected to convey this information to the dentist prior to a planned appointment when I.V. sedation/anesthesia are involved.
5. **A responsible adult must accompany the patient at the time of discharge**, and I understand that the patient must not drive a vehicle or take a bus or taxi after undergoing I.V. sedation/anesthesia.
6. **Women: Anesthetics, medications and drugs may be harmful to an unborn child** and may cause birth defects or spontaneous abortion, and I accept full responsibility for informing the dentist or attending anesthesiologist or anesthetist of a suspected or confirmed pregnancy.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of I.V. sedation/anesthesia and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, or even death which may be associated with any phase of receiving I.V. sedation/anesthesia in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. _____ and/or his/her associates to reider any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications, for my own benefit or the benefit of my minor child or ward.

Patient's name (please print)

Signature of patient, legal guardian
or authorized representative

Date

Witness to signature

Date