

Consent for Intravenous Conscious Sedation

1. There will be a consultation visit before the administration of IV sedation. At this time it is important that you ask any appropriate question concerning your IV sedation procedure. In this way you can give us an intelligent consent.
2. In the Holding Area, an intravenous (I.V.) needle will be place in your arm. Through this I.V line you will receive fluids and medications, in addition to local anesthetics, prior to and during your dental treatment to make you relaxed and more comfortable. It is NOT general anesthesia and you will not be completely asleep.
3. In the I.V. sedation room, monitor will be attached to you to check your pulse, blood pressure, ECG (heart), oxygen as oxygen saturation and carbon dioxide as concentration or partial pressure of carbon dioxide.
4. Modern IV sedation is relatively safe and uneventful so that virtually everyone can be offered its benefits. Side effects are rare but can occur regardless of the experience, care and skill of the anesthetist. Side effects may include allergic reactions, soreness and/or inflammation and infection at the vein site (phlebitis), bleeding (hematoma) of the vein, drowsiness, nausea, vomiting and abnormal heart rate. Any of these side effects may require immediate medical intervention.
5. It has been explained to me that during the course of a dental treatment unexpected conditions may be revealed that necessitate an extension of the original planned dental treatment. I therefore authorize and request that Max Arocha D.M.D. and his associates and/or assistant perform such related treatment and administer whatever is necessary and desire in the exercise of their professional judgment.
6. I hereby authorize Dr. Max Arocha and/or associates or assistants of his/her choice to perform upon me/the patient proposed and discussed dental treatment plan under the administration of intravenous conscious sedation.
7. I understand that except for taking prescribed medications, food and liquids should be avoided for 7 hours before your sedation appointment.
8. I confirm that I have read this entire page and fully understand the above.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Witness Name (Print): _____

Witness signature: _____ Date: _____