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Consent for Dental Treatment with Minimal or Moderate Sedation

PROCEDURE (S): _____

OPERATING DENTIST: _____

I, _____, the undersigned, hereby do consent to the procedure(s) and anesthesia noted above. I acknowledge that the procedure(s), its implications and possible complications have been explained to me, along with the alternatives including not having any treatment. I understand that the procedures will require minimal or moderate sedation, and I consent to the administration of this by the above-named practitioner. I also understand that during the course of any treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, and I also consent to such reasonable additional or alternate procedures being performed on me.

Print Name: _____

Signature _____ Date _____

- Patient
- Parent or Legally Authorized Representative

I acknowledge receiving a copy(ies) of the pre- and post-operative instructions, which have been explained to me. I understand all the advice given to me by my dentist. After my discharge, I will notify my dentist if I experience any acute pain, heavy bleeding from the surgical site, respiratory problems, or any other post-operative problems.

Signature _____ Date _____

- Patient
- Parent or Legally Authorized Representative

Moderate Sedation Pre-Sedation Patient Instructions

For the safe treatment of the patient, the following pre-sedation instructions must be followed very carefully.

Food and Beverages

- Nothing to eat or drink for 8 hours prior to dental procedure with the exception of water and clear fluids such as: fruit juices without pulp, clear tea, and black coffee, but NOT alcohol
- Stop drinking clear fluids two hours prior to dental procedure

Medications

- It is essential to discuss with your dentist whether or not you should take medication(s) you otherwise take on a regular basis

Clothing

- Wear loose casual clothing for your appointment (e.g., short sleeve t-shirt)

Smoking

- Refrain from smoking prior to treatment

Transportation

- A responsible adult with a vested interest in your safety must accompany you home in a car or taxi
- A taxi driver does not count as your escort
- You cannot take public transportation

Change in health status

- If your general health deteriorates (e.g., cold, cough, fever, etc) contact our office prior to the day of the appointment. If in doubt, please phone the office to report the change in your health status.

If you have any questions, please do not hesitate to ask us. It is important that you understand the circumstances surrounding this treatment.

Post-Sedation Patient Instructions

Following sedation, 24 hours may be required for the full effects of the drug to wear off. During this period, it is essential that you follow these instructions.

Discharge from office

- You must be discharged into the care of a responsible adult who can accompany you home.
- Arrangements should be made to have a responsible adult remain with you for the remainder of the day.

Transportation

- A responsible adult with a vested interest in your safety must accompany you home in a car or taxi
- A taxi driver does not count as your escort

Food and Beverages

- Clear liquids are advised initially and, after that, diet as tolerated
- Do not drink alcohol in any form for 24 hours

Medications

- Resume taking your normal medication after appointment

Activity Restrictions

- Do not operate motor vehicles, boats, power tools or machinery for 24 hours or longer if drowsiness or dizziness persists
- Do not operate an aircraft for at least 48 hours following minimal or moderate sedation
- Do not sign or enter into any legal contract for at least 24 hours

Problems

- If you experience any acute pain, heavy bleeding from the surgical site, respiratory problems, or another post-operative problem, please notify the dental office immediately.