

### **Consent for Oral Sedation**

I have elected to proceed with oral sedation in conjunction with my dental treatment.

Purpose of Oral Sedation: I understand that the purpose of oral sedation is to more comfortably receive necessary dental care. I understand that oral sedation is a drug-induced state of reduced awareness but that it does not produce a state of sleep.

Risk and Complications of Oral Sedation: I have been informed of, and understand, that while oral sedation is considered safe, potential risks associated with sedation include, but are not limited to:

- Inadequate sedation
- Paradoxical reaction to sedative medications
- Allergic or adverse reactions to medication(s)
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness.

#### Patient's responsibilities

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, allergies, recreational drug, tobacco and alcohol use, and pregnancy/lactation (if applicable).

I understand that I must have an empty stomach, and I have followed the fasting guidelines as outlined for my case. I understand that if I have not followed the fasting guidelines my case may be cancelled/rescheduled. If instructed, I have taken my regular medications and or medicine given to me by my doctor using only small sips of water. I am accompanied by a responsible adult to drive me to and from the office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself.

I understand the drugs given to me for this procedure may not wear off for 18 hours. I understand it is my responsibility to refrain from driving a motor vehicle, operating hazardous machinery, and making legal or financial decisions for at least 18 hours after the procedure, while I am recovering from the anaesthesia.

I had sufficient time to read this document, understand the statements, and have had a chance to get all my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of oral sedation and agree to proceed.

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You or your responsible party will have the opportunity to sign an electronic copy of this form when you arrive at our office for your appointment.