

Henderson Family Dentistry

1910 State Highway 43 E, Henderson TX 75652

903-657-3139

www.HendersonFamilyDentistry.com

Informed Consent Documentation for Oral Conscious Sedation

This form is intended to document the discussion we have had regarding your planned conscious sedation procedure. If you are having a dental work completed by another dentist in conjunction with the sedation, this form does not include the risks or benefits of that dental procedure.

I, _____, request and authorize Dr. _____ to administer oral conscious sedation medications and/or nitrous oxide/oxygen conscious sedation to me in conjunction with a dental procedure being completed by

The reason I am asking for these medications is:

_____.

Benefits of conscious sedation include reduced awareness of unpleasant sights, sounds and sensations associated with the dental procedure. Reduced anxiety should also be present.

Risks of conscious sedation include nausea/vomiting, allergy to medication, irritation and/or pain/swelling to skin and veins, breathing problems, brain damage, cardiac arrest and death.

I understand that it is critically important that I fully discuss my complete medical history with the dentist before sedative medications are administered.

The dentist has reviewed the written instructions with me including expectations regarding food/drink intake, escort and activity after the sedation.

I acknowledge that no guarantee has been made as to the results that may be obtained.

Sedation can be administered by multiple routes. Dr. _____ has discussed these options with me. I also understand that the sedation plan may need to be changed on the day of the procedure.

During the discussion, I have had my questions answered to my satisfaction.

Patient: _____

Date: _____

Witness: _____

Date: _____

Dentist: _____

Date: _____