Anxiolysis Sedation Informed Consent Form

The purpose of this document is to provide an opportunity for patients to understand and give permission for conscious sedation when provided along with dental treatment. Each item should be initialed after the patient has the opportunity for discussion and questions.

1. I understand that the purpose of conscious sedation is to more comfortably receive necessary care. Conscious sedation is not required to provide the necessary dental care. I understand that the conscious sedation has limitations and risks and absolute success cannot be guaranteed. (See #4 options)

2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedation wear off.

3. I understand that my conscious sedation will be achieved by the following route:
   • Oral Administration: I will take a pill approximately 1 hour before my appointment.

4. I understand that the alternatives to conscious sedation are:
   • No sedation: the necessary procedure is performed under local anesthetic with the patient fully aware.
   • Anxiolysis: Taking a pill to reduce fear and anxiety.

5. I understand that there are risks or limitations to all procedures. For sedation these include:
   • With initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
   • A typical reaction to sedative drugs, which may require emergency attention and/or hospitalization such as altered mental states, physical reactions, and other sicknesses.
   • Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.

6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.

7. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

8. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking oral sedatives.

9. I hereby consent to conscious sedation in conjunction with my dental care.

Patient Name________________________________________

Patient/Guardian Signature____________________________

Date_________________________________________________

Doctor Signature______________________________________

Witness______________________________________________