

**CONSCIOUS 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 checked off after the patient has the opportunity for discussion and questions.

- _____ 1. I understand that the purpose of conscious sedation is to more comfortably receive dental care. Conscious sedation is **not** required to provide the necessary dental care. I understand that 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. However, with conscious sedation I will be awake and not asleep.
- _____ 3. I understand that my conscious sedation will be achieved by the following route: Oral Administration.
- _____ 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.
- _____ Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
- _____ 5. I understand that there are risks or limitations to all procedures. For sedation these include:
- _____ (Conscious Sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
- _____ Atypical reaction to sedative drugs that may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.
- _____ Inability to discuss treatment options 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 necessary.
- _____ 7. I have had the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatments and instructions of my doctor.
- _____ 8. 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. I must notify the doctor of my present mental and physical condition. I must notify the doctor if I have recently consumed alcohol, or used any recreational drugs. I must inform the doctor of all my past and present medications including, but not limited to, any herbal or vitamin supplements or any psychiatric mood altering drugs.
- _____ 9. 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.
- _____ 10. I hereby consent to conscious sedation in conjunction with my dental care.

 Patient / Guardian

 Date

Framingham

55 Main Street • Framingham, MA 01702
 t: 508.872.4897 • f: 508.620.9261

www.theendogroup.com

Milford

16 Congress Street • Milford, MA 01757
 t: 508.473.8100 • f: 508.473.1298