



PATIENT AGREEMENT AND INFORMED CONSENT FOR **ORAL CONSCIOUS SEDATION**

Patient Name: _____ **Date:** _____

This Patient Agreement contains important information about your planned conscious sedation procedure. BY SIGNING THIS PATIENT AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS IT CONTAINS. Please read carefully and ask questions about any areas that are unclear:

Dr. Petty recommends the following oral conscious sedation medication(s):

Review the written and visual information provided, including expectations regarding food/drink intake, duties of the designated responsible adult, and activities after sedation.

- 1) Oral conscious sedation is a drug-induced state of reduced awareness and a decreased ability to respond. It can greatly minimize the anxiety of unpleasant sounds, sights, and sensations that may be associated with visiting the dentist. In this relaxed state, communication with the team members while receiving dental treatment will still be possible. Oral conscious sedation is NOT sleep, however, people often feel as if they fell asleep during the appointment.
- 2) The purpose of conscious sedation is to receive dental care more comfortably. Oral sedation is not required to complete any necessary dental treatment that Dr. Petty has recommended.
- 3) Alternatives to oral conscious sedation are:
 - a) **No sedation:** The necessary dental procedure will be performed with local anesthetic (numbing / freezing) while fully aware of the surroundings.
 - b) **Nitrous oxide sedation** (not available in this clinic): Commonly referred to as "laughing gas", it provides relaxation, but patients are still generally aware of surrounding activities. Its effects can be reversed very quickly with oxygen.
 - c) **Intravenous sedation** (not available in this clinic): A form of conscious sedation where a liquid sedative is injected into a tube that is connected to a vein in the arm.
 - d) **General anesthetic** (not available in this clinic): Commonly referred to as deep sedation, there is no awareness, the patient is paralyzed, and breathing must be supported.

4) There are certain potential risks and complications when taking an oral sedative. These include, but are not limited to:

a) **INADEQUATE INITIAL DOSE:** This may require a patient to either undergo the procedure without the full benefit of the oral sedation, take another tablet while at the office and extend the appointment, or delay the procedure for another time.

b) **COMMON SIDE EFFECTS:** Light-headedness, headache, dizziness, drowsiness, amnesia, poor coordination, nausea, and/or vomiting may occur.

c) **ATYPICAL REACTION TO THE SEDATIVE:** Allergic reaction, altered mental state, and/or very rare physical reactions, such as respiratory depression, which can be fatal, may occur.

d) **INABILITY TO DISCUSS TREATMENT OPTIONS:** Should an unforeseen issue arise during treatment (e.g. a very deep cavity requiring either a root canal treatment or extraction), dental treatment will not be completed until the issue and options can be discussed thoroughly.

5) It is **critically important** that the patient's complete medical history is discussed and disclosed before sedative medications are prescribed. Some medications or other substances can adversely interact with the sedation medications. These include: nefazodone; cimetidine; levodopa (for Parkinson's disease), antihistamines; verapamil; diltiazem; erythromycin;azole antifungals (fluconazole, nizoral); indinavir and nelfinovir (HIV drugs), alcohol, and grapefruit juice. Taking recreational / illicit drugs can also cause atypical reactions.

6) People that are pregnant, breastfeeding, have significant liver or kidney disease or are hypersensitive to benzodiazepines or antihistamines should not take oral sedation.

7) Any major or important decisions should not be made until after full recovery from the sedation, typically 24 hours.

I HAVE READ THIS PATIENT AGREEMENT AND INFORMED CONSENT. I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION AND I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT. I CONSENT TO ORAL SEDATION IN CONJUNCTION WITH THE PLANNED DENTAL TREATMENT.

Patient/Guardian Signature: _____ Date: _____

Dentist Signature: _____ Date: _____