

CONSENT FOR SEDATION

For the dental procedure you are to undergo, sedation and analgesic medications may be required or requested. The benefit of a sedative and analgesic medication is to allow the safe, comfortable completion of your dental treatment. The primary risk of these medications is respiratory depression (decreased breathing effort), which can be serious or even fatal if not treated. The risk is minimized by careful administration of these medications and by the vigilant monitoring of your blood pressure, heart rate, and breathing. Infrequently, allergic reactions to medications can occur. If you are known to be allergic to any medications or have any concerns about receiving sedation/analgesia, please let us know so that we may address your concerns directly. You may decline the administration of sedatives and analgesics or wish to discuss other alternatives, which include local anesthesia, deep sedation, and general anesthesia. If you elect to receive sedation and analgesia, by signing below, you consent to allow us to administer, as appropriate, the medication(s) for the comfortable completion of your dental procedure.

My questions about the procedures have been satisfactorily answered and all risks and alternatives have been explained and I choose to proceed as explained.

Patient Signature _____ Date _____