

CONSENT DOCUMENTATION FOR DENTAL SEDATION PROCEDURES

1. I authorize and direct Umpqua Periodontics & Implants to perform upon (myself or patient) the following dental procedure: Nitrous oxide/ oxygen sedation and /or oral sedation using Triazolam, IV sedation procedure using Versed.
2. I understand, through discussions with Umpqua Periodontics the nature and purpose of this procedure. I also understand what alternative treatments are available and the advantages and disadvantages of each, including no treatment. The alternative treatments that have been discussed are: no sedation, fear counseling, sedation with oral valium (diazepam) or Halcion (triazolam), oral sedation combined with nitrous, use IV sedation or referral to a dentist anesthesiologist who will use IV sedation or general anesthesia including going to the hospital for a general anesthesia.
3. I recognize that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating and drinking for six (6) hours before my appointment. Please do not wear necklaces, earrings, fingernail polish, perfumes, colognes or aftershaves. Wear warm comfortable clothes with a short sleeve shirt / blouse.
4. I understand that there are various risks, consequences, or complications that may result from performing this procedure. I acknowledge that some of the risks, consequences, or complications include, but are not limited to: nausea, hallucinations, amnesia of the procedure, hyperactivity (being more active than normal), dizziness, loss of coordination , sleepiness, laughing or crying. All should resolve quickly once you are back breathing room air. Complications also include pain, facial swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction.
5. To help minimize risks and complications, I have disclosed to my periodontist any and all drugs and medications that I am taking. I have also disclosed any abnormalities in my current physical status or past medical history. This includes any history of drug or alcohol abuse and any unusual reactions to medications or anesthetics
6. I understand that I may have to stay in the dental office for a while until I am completely back to normal. I do not have a Chronic Obstructive Pulmonary Disease (COPD), emphysema, a cold or pneumonia or upper respiratory infection, cold or flu nor am I pregnant.
7. I understand that I must refrain from drinking alcoholic beverages and taking certain medications for a twenty-four (24) hour period following the administration of IV conscious sedation. I also understand that a responsible adult needs to drive me home and remain with me until the effects of the sedation have worn off and that I should not drive or operate dangerous machinery for the remainder of the day on which I receive sedation.
8. I understand that there is no guarantee that the dental procedure will be successful; however, the procedure is desired and intended to result in improved oral conditions.
9. I agree that a verbal discussion with Umpqua Periodontics has outlined why the procedure is recommended, what alternative treatments are available, what risks, consequences and complications may result from the procedure, and that all my questions have been answered satisfactorily. I also agree that all blanks above on this consent form were filled in before I was asked to sign it.

Patient or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient(self) Witness \_\_\_\_\_

I certify that I have discussed the above with the patient and that all blanks were filled in before signing.

Umpqua Periodontics Dr. \_\_\_\_\_ Date: \_\_\_\_\_