

Instructions and Informed Consent for Oral Sedation

«Patient Full Name» «Current Date: Month Day, Year»

Purpose: I understand the purpose of oral sedation is to more comfortably receive necessary care. Oral sedation is not required to provide the necessary dental care. Oral sedation success cannot be guaranteed.

Sedation Route: I understand that my oral sedation will be achieved by Oral Administration. Adults will take a pill the night before treatment (to increase the effectiveness of the next dose) and a second tablet 1 hour prior to my appointment, and my sedation will last 8-12 hours. Children (5-12yrs) will take medications the morning of only.

Sedation Depth: I understand that oral sedation is a drug-induced state of reduced awareness and decreased ability to respond. Oral sedation is not sleep. My ability to respond normally returns when the sedative wears off, but my memory of the procedure may be significantly reduced. My past experience with sedation has been:

Alternatives: I understand the available alternatives to oral sedation in this office are:

1. No sedation: The procedure is performed under local anesthetics (needles for numbing) only.
2. General Anesthetic "Deep Sedation": The procedure is performed under the care of an anesthesiologist with intubation into the lungs to temporarily support breathing. I understand I will have no awareness, and that this type of sedation is best for procedures lasting more than 3 hours.

Risks and Limitations: I understand the following is possible:

1. Inadequate sedation with the initial dosage may require me to undergo the procedure without full sedation or delay the procedure for another time, especially if age 11 or younger. A \$300/hr cancellation fee may apply.
2. Atypical reaction to the sedative drugs may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.

Unforeseen Conditions: If, during the procedure, a change in treatment is required, I authorize Dr. Nicoara and the operative team to make whatever change they deem in their professional judgement is necessary. I understand that I have the right to designate the individual who will make such a decision.

I agree that I will:

1. Pay the sedation fee for the procedure of up to \$125.
2. See my physician if they request in order for us to obtain medical clearance from them to treat you.
3. Not eat any food 6 hours prior to sedation (unless diabetic in which case eat a light low-fat breakfast).
4. Take all my regular prescribed medications unless I have been instructed to do otherwise.
5. Have a driver bring me to the procedure and stay until they sign my procedure informed consent.
6. Have my driver stay in the area, pick me up on time, and stay with me at home until I am no longer sedated (6-8 hours after the procedure). I understand there is a \$75/hr fee if my driver does not return by the end of the appointment time.
7. Take the sedation medications as prescribed.
8. Not take any sedatives (such as alcohol or recreational marijuana) 24 hours prior to or after the procedure.
9. Not take any stimulants (such as coffee or Red Bull) 12 hours prior to or after the procedure.
10. Not take any psychiatric mood-altering drugs or other medications.
11. Not take any interfering drugs or foods such as grapefruit juice or Saint John's Wart for 1 week prior to and 1 day after the procedure.
12. Let you know if I am pregnant or lactating, or if there is any possibility that I may be pregnant.
13. Let you know if I am allergic to any Benzodiazepines (Halcion, Valium, Ativan, etc), Hydroxyzine (Atarax/Vistaril), or Zaleplon (Sonata).
14. Not wear contacts to the procedure, and have at least one finger free of any nail polish.
15. Not drive or operate hazardous equipment, do heavy lifting or stair climbing for 24 hours after the procedure.
16. Not make any important decisions for 24 hours after the procedure.
17. **LET YOUR OFFICE KNOW THAT I WANT ORAL SEDATION AT LEAST 2 WEEKS PRIOR TO SURGERY** so the office can coordinate with my MD, call in the Rx, and let me know so I can pick it up in time.

I certify that I have read and understand the above informed consent for sedation, and have had an opportunity to ask questions and receive answers to my satisfaction. I understand I must follow all recommended treatments and instructions. I consent to oral sedation in conjunction with my dental care.

Sign H



Signature of Patient

Signature of Parent (if Patient is a Minor)

Signature of Witness