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CONSENT FORM FOR CONSCIOUS IV SEDATION

Diagnosis: I have been informed that my treatment can be performed with a variety of types of anesthesia. These include local anesthesia as normally used for minor dental treatment, local anesthesia supplemented with IV conscious sedation and general anesthesia in the hospital or out-patient surgical center. Dr. Goldstein has recommended IV conscious sedation in addition to other possible forms of anesthetic because a long and stressful procedure is to be undertaken, certain medical or physical conditions of mine may so indicate, or I am subject to significant anxiety and emotional stress related to dental procedures.

Recommended Treatment: I understand that in IV conscious sedation, small doses of various medication will be administered to produce a state of relaxation, reduced perception of pain and drowsiness. However, I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered to numb the areas of my mouth to be operated and thus further control pain. I understand that the drugs to be used may include, **VALIUM, VERSED** and **DEMEROL**.

I recognize that I must do several things in connection with IV conscious sedation. Specifically, I must refrain from eating for four (4) hours before my dental appointment.

Expected Benefits: The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension and stresses sometimes associated with these procedures.

Principal Risks And Complications: I understand that occasionally complications may be associated with IV conscious sedation. These include pain, facial swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting and allergic reaction. I further understand that, in extremely rare instances, damage to the brain or other organs supplied by an artery and even death can occur. To help minimize risks and complications, I have disclosed to Dr. Goldstein 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.

Alternatives To The Suggested Treatment: Alternatives to IV conscious sedation include local anesthesia, oral sedation, intramuscular sedation and general anesthesia in the hospital or a surgi-center-either as an inpatient or as an outpatient. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a greater risk. There may be less control of proper dosage with oral sedation than that with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

Necessary Follow-up Care And Self-Care: I understand that I must refrain from drinking alcoholic beverages and taking medications for a twenty-four (24) hour period following the administration of IV conscious sedation. I also understand that a responsible adult should 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.

No Warranty Or Guarantee: I hereby acknowledge that no guarantee, warranty or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, there are risks and potential complications in the administration of IV conscious sedation.

Publication Of Records: I authorize photos, slides, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risks and benefits of this form of sedation, the alternatives available and the necessity for follow-up. I have had an opportunity to ask questions I may have in connection with the procedure and to discuss my concerns with Dr. Goldstein. After thorough deliberation, I hereby consent to the performance of IV conscious sedation as presented to me during consultation and in the treatment plan presentation as described in this document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

Date

Printed Name Of Patient, Parent or Guardian

Signature Of Patient, Parent Or Guardian

Date

Printed Name Of Witness

Signature Of Witness