

SUMMERS AND JOHNSON PERIODONTAL PARTNERSHIP

BRIAN R. SUMMERS, D.D.S., M.S.

PATRICK L. JOHNSON, D.D.S

CONSENT FOR IV CONSCIOUS SEDATION

Recommended Treatment: I understand that in IV conscious sedation, small doses of various medications will be administered through an IV line in one of my veins 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 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. I must not drink any alcoholic beverage or take certain medications for twelve (12) hours before and twenty-four (24) hours after the procedure. Further, I will arrange for a responsible adult to drive me home and stay with me until the effects of the sedation have worn off. I will not drive a motor vehicle, operate dangerous machinery, handle sharp objects, or make any financial decisions on the day that I receive the sedation.

Expected Benefits: The purpose of IV 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 & Complications: I understand that 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 organ supplied by an artery, and even death, can occur. To help minimize risks and complications, I have disclosed to Dr. Summers/Johnson 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 reactions to medications or anesthetics. Females Only; I am not currently pregnant nor is it possible that I am pregnant. If I am unsure of my pregnancy status I have had the opportunity to request a laboratory evaluation of my pregnancy status.

Alternatives to Suggested Treatment: Alternative to IV conscious sedation includes local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or an outpatient surgery center. 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 with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

I have been fully informed of the nature of sinus augmentation surgery, 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 any questions I may have in connection with the procedure and to discuss my concerns with the Dr. Summers/Johnson.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Printed Name of Patient or Parent/Guardian

Signature of Patient or Parent/Guardian

Date

Printed Name of Witness

Signature of Witness

Date