



Cosmetic & Reconstructive Periodontics  
Dental Implants

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## ***Intravenous & Oral Sedation Consent***

*The following is provided to inform our patients of the choices and risks involved with having treatment sedation. The information is presented to ensure that our patients are well informed concerning their treatment.*

The choices for pain and anxiety management are basically three: local anesthesia alone, conscious sedation, or general anesthesia. I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. However, it must be noted that local anesthesia is not appropriate for every patient and every procedure.

I, \_\_\_\_\_, hereby authorize and request the doctors from Periodontics, Ltd to perform intravenous and/or oral sedation as explained to me and written below.

I have been informed and understand that, although infrequent, complications may result from the administration of oral or intravenous sedation including, but not limited to: headaches, nausea, vomiting, allergic reaction and fluctuations in breathing pattern, heart rhythm, and/or blood pressure. I further understand and accept that, although unlikely, complications may result in hallucinations, hospitalization, brain damage, stroke, heart attack, paralysis, or even death. I consent that in the event of an emergency that whatever procedures are necessary to manage the situation may be performed.

*I have read and I understand the above* \_\_\_\_\_  
Initial

I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or sudden miscarriage. Recognizing these risks, **I accept full responsibility for informing the provider of a possible, suspected or confirmed pregnancy** with the understanding that this will necessitate the postponement of sedation and/or anesthesia. For the same reasons I understand that I must inform the provider if I am a nursing mother.

*I have read and I understand the above* \_\_\_\_\_  
Initial

**OVER →**

I understand that I am not allowed to consume solid food for at least six hours prior to my appointment or before taking any pre-medication at home if given. I can have clear liquids up until three hours before either my appointment or the time I am to take the pre-medication. If I am taking pre-medication in pill form I am allowed to take six ounces of water with this pre-medication.

*I have read and I understand the above* \_\_\_\_\_  
Initial

I understand that I must have a responsible adult accompanying me to the office for this procedure. If I am given any pre-medication to take at home that person must be with me and supervise me continuously from the time that I take the pre-medication until I arrive in this dental office. This includes the entire time and all activity, including restroom visits. I am not allowed to drive from the time I take any medication, including any pre-medication taken at home until the day after my surgical appointment. I ensure that the accompanying adult will be given a copy of the sedation instructions and follow the instructions and post operative care accordingly.

*I have read and I understand the above* \_\_\_\_\_  
Initial

If any unforeseen condition should arise in the course of the operation, calling for one of the doctors from Periodontics, Ltd judgment and/or for procedures in addition to or different from those now contemplated, I request and authorize my doctor to do whatever he may deem advisable in my best interest, realizing that this could change the outcome and fees involved.

*I have read and I understand the above* \_\_\_\_\_  
Initial

I have been fully advised of and completely understand the alternative to intravenous and/or oral sedation and accept the possible risks and dangers. I acknowledge the receipt of and understand that both the preoperative and postoperative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my sedation and am satisfied with the information provided to me.

Patient: \_\_\_\_\_  
Signature Parent/Legal Guardian

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Witness: \_\_\_\_\_  
Signature