
Patient Name

Oral Sedation

1. What is informed consent? It is very important for you to understand your condition and the necessary procedures that you will undergo in treatment. We want you to be aware of all the advantages and disadvantages of each procedure as well as alternatives. We hope it will answer your questions or generate new ones which we will be glad to discuss with you.

2. Definitions Oral sedation is the administration of an oral sedative medication. The medication is taken by the patient outside our office at a prescribed time before a procedure. Nitrous oxide may be used in the office as a supplement to the oral medication.

3. Why do I need this procedure? Oral sedation relaxes the patient. This calming effect will help you through the procedure. It is an elective choice of the patient to have oral sedation.

4. Are there side effects? All drugs have side effects. Allergic response is possible as well as prolonged sedation. There is an amnesic effect. There may be other side effects.

5. Precautions Someone must drive you and escort you to and from our office. You cannot drive or operate any machinery while the sedation is still active. This may extend 12 or more hours after taking the medication

6. What will I feel like? Sleepy, relaxed and reduced anxiety are typical. You will not be completely "out". You will be able to walk and talk but not well..

7. Prescription: You will be given a prescription that you will need to fill at a pharmacy. Follow the specific directions on the label.

8. Change of mind: You do not have to take the medication. Call our office immediately if you elect not to take the medication,

9. Conclusion: I have been fully informed of the procedures to be utilized, the risks and benefits, the alternatives available and the necessity for follow-up and self care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with my periodontist. After thorough deliberation, I hereby consent to the performance of periodontal / implant therapy as presented to me during consultation and in the treatment plan presentation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my periodontist.

Additional comments: _____

I certify that I have read and fully understand this document.

Date

Signature

Witness

Printed Name

Printed Name of Witness