

CONSENT FOR CONSCIOUS ORAL SEDATION

We are required to provide you with all the relevant information to allow you to make an informed decision. The benefits of the treatments generally outweigh the risks. As with driving an automobile, unforeseen events may occur with all treatments. You must inform us of your medical situation and all medications or drugs that you are taking. It is very important to notify us if you think you are **pregnant** or if you suffer from **glaucoma**.

After the operation, the following side effects are possible:

- a. Temporary memory loss is possible (not remembering the appointment).
- b. Loss of balance or confusion are possible during the recovery period.
- c. Chapped lips and sore corners of the mouth.
- d. Difficulty opening your mouth for a while.

Rare complications: allergy to one of the medications or products used during the operation. The reaction can range from skin redness to heart failure. The dentist is trained to recognize and deal with these complications.

The effect of certain medications used during the operation can be enhanced by certain other medications, drugs, or alcohol. **You must not consume any drugs, alcohol, or narcotics for 24 hours before and 24 hours after the operation.**

You allow the attending dentist to:

1. Perform all dental operations described in your treatment plan.
2. Use local anaesthetic, nitrous oxide (laughing gas), and oral sedation medication.
3. Use their judgment to deal with unforeseen complications.

You understand that failure on your part to follow our recommendations may lead to an inferior result and/or severe complications.

On the day of the operation, you must be fasting (solids, liquids, and cigarettes) for 6 hours and not have consumed any alcoholic beverages or caffeine for 24 hours.

Wear comfortable, loose-fitting clothing and no contact lenses, rings, watches, or bracelets. Do not drive or use dangerous devices.

You must take the medication as prescribed by the dentist one hour prior to your appointment. From taking the prescribed medication and for a period of 24 hours thereafter, you must ALWAYS be accompanied.

I have read and understood all the information described, and the dentist has adequately answered all my questions.

Date: _____

Consulting dentist: _____

Patient name: _____ Patient signature: _____