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CONSENT FOR INTRAVENOUS CONSCIOUS SEDATION

Date: ___/___/___

(Printed Name of Patient)

Diagnosis. I have been informed that my treatment can be performed with a variety of types of conscious sedation. These include local anesthesia as normally used for dental treatment, local anesthesia supplemented with nitrous oxide and oxygen (laughing gas), or local anesthesia supplemented with intravenous (i.v.) conscious sedation.

Dr. Lobb has recommended i.v. conscious sedation because a long or stressful procedure is to be undertaken.

Recommended Sedation. I understand that in i.v. conscious sedation, small doses of various medications will be administered to produce a state of relaxation, drowsiness, and reduced perception of pain. However, I will not be put to sleep as with a general anesthetic. I understand that the drugs to be used may include a sedative/hypnotic benzodiazepine drug (usually midazolam), and an opioid analgesic drug (usually fentanyl).

I recognize that I must follow all pre-sedation and post-sedation instructions given to me by Dr. Lobb and his sedation team.

Expected Benefits. The purpose of i.v. conscious sedation is to lessen the significant and undesirable experiences of dental procedures by reducing anxiety, apprehension, memory, and painful stresses sometimes associated with dental procedures. The goal is to make the treatment as comfortable as possible.

Principal Risks and Complications. I understand I am receiving sedative drug(s) and with the use of any drug there may be unforeseen complications. These include pain, swelling or bruising at the i.v. site, allergic reaction, known side-effects to these drugs such as nausea/vomiting, restlessness/agitation, and decreases to respiration or blood pressure.

Although this is a very safe mode of sedation, I understand that complications can occur.

In extremely rare instances I may need to be hospitalized, or suffer permanent injury or death. These potential adverse events that have been described are not common, however they can be experienced by all sedation providers.

To help minimize risks and complications, I have disclosed to my dentist **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 unusual reactions to medications or anesthetics.

Females Only: Are you pregnant or think you may be? Y ___; N ____. Breast feeding Y ___; N ___

***** I am aware there will be a \$300.00 non-refundable fee for any changes to my IV Sedation Appointment with less than two business days' notice. _____ (initial) *****

Alternatives to Suggested Treatment. Alternatives to i.v. conscious sedation include local anesthesia, nitrous oxide and oxygen inhalation sedation, or general anesthesia in the hospital or a surgical center. Local anesthesia with nitrous oxide and oxygen sedation may, however, not adequately reduce my anxiety, discomfort, or stress. General anesthesia will cause me to lose consciousness and generally involves greater risk than i.v. conscious sedation.

Necessary Follow-up Care and Self-Care. I understand that I must refrain from alcohol, other sedatives or recreational drugs for a twenty-four (24) hour period following the administration of i.v. conscious sedation. I also understand that a responsible adult needs to escort me home and remain with me for the rest of the day' and I must not drive or operate dangerous machinery for the remainder of the day on which I receive sedation.

Dental Treatment or Procedure. The following dental treatment is planned for the i.v. sedation appointment:

I also understand that during the course of any treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed, and I also consent to such reasonable additional or alternate procedures being performed on me.

_____ Date: ___/___/_____
(Signature of Patient, Parent, or Guardian) (Signature of Dentist)

PATIENT CONSENT

I have been fully informed of the nature of i.v conscious sedation, the risks and benefits of this form of sedation, the alternatives available, the procedure to be performed, 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 my dentist. After thorough deliberation, I hereby consent to the administration of i.v. conscious sedation as presented to me during consultation, and in the treatment or procedure to be performed during this sedation appointment.

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

_____ Date: ___/___/_____
(Printed Name of Patient, Parent or Guardian) (Printed Name of Witness)

_____ (Signature of Patient, Parent or Guardian) _____ (Signature of Witness)

Clinical Research in Dental Sedation
Dr. Douglas Lobb – Clinical Researcher – University of Alberta, School of Dentistry
I consent to the sedation data to be used anonymously for research purposes.

Date: ___/___/_____
_____ (Signature of Patient, Parent or Guardian)