

ANESTHESIA INFORMED CONSENT

This form, along with the discussions with your doctor and staff, are intended to help you make informed decisions about the anesthesia options for your treatment. Your doctor and staff will be happy to answer any questions you may have regarding anesthesia and provide additional information before you decide whether to sign this document and proceed with the procedure.

1. I have elected to proceed with the anesthesia option(s) indicated below:

- Local Anesthesia
- Nitrous Oxide (Laughing Gas)
- Mild Sedation
- Moderate Sedation
- Deep Sedation (General Anesthesia)

I have been informed and understand that some (but not all) of potential risks associated with anesthesia include, but are not limited to:

- Nerve injury (which may occur from the delivery of local anesthesia by the needle), resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheeks, lips, chin, teeth, gums, and/or tongue (including loss of taste);
- Allergic or adverse reactions to medications or materials;
- Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed;
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness;
- An awareness of some or all events of the surgical procedure during the treatment and/or after it is over;
- Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest), or death;
- Sore throat or hoarseness if a breathing tube is used; and/or,
- Anesthesia that is only fully or partially effective. More than the "normal" amount may be needed in these cases.

All of these conditions may be temporary and resolve over time, but in rare cases they can be permanent.

2. I have been informed of and understand that follow up visits or care, additional evaluation, treatment or surgery, and/or hospitalization may be needed.

3. Patient Responsibilities. I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I understand that using tobacco and alcohol are detrimental to the success of my treatment, as is diabetes or other diseases that restrict blood flow to the surgical site.

I agree to follow all instructions provided to me by this office before and after the procedure, take medications as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete treatment. I will inform my doctor of any post-operative problems as soon as they arise. My failure to comply could result in complications or less than optimal results.

If I have elected Mild, Moderate, or Deep Sedation (General Anesthesia), I have not had anything to eat or drink for at least eight (8) hours prior to my procedure. I understand that doing otherwise may be life-threatening. As instructed by my physician and/or the pharmacy, I have taken my regular medications (blood pressure medications, antibiotics, etc.) and/or any medicine given to me using only small sips of water. I am accompanied by a responsible adult to drive me to and from the doctor's office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself. I understand the anesthesia drugs given to me for this procedure may not wear off for 24 hours or more. During my recovery from anesthesia, I agree not to drive cars or trucks, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

Like all medical and dental procedures, no two human bodies are alike; therefore, a successful outcome CANNOT BE GUARANTEED. Sometimes anesthesia fails for no known reason. No one can predict the human body with absolute certainty.

I had sufficient time to read this document, understand the above statements, and have had a chance to get all my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of my anesthesia and agree to proceed.

I have been given the opportunity with my dentist and staff to discuss my present health history and ask all of my questions. I am fully satisfied with the answers I received:

- Yes
- no

I would like a copy of this consent form:

- Yes
- no

Patient Name

Doctor Signature

Patient Signature

Today's Date