

**This copy is for your records IF you are having sedation**

**We will present a dated consent to you the day of your surgery**

**CONSENT FOR INTRAVENOUS SEDATION/GENERAL ANESTHESIA**

Your obligations:

- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are recovered sufficiently to care for yourself. This may be up to 24 hours.
- B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- C. You must have a completely empty stomach.  
**IT IS VITAL THAT YOU HAVE HAD NO SOLID FOODS FOR SIX (6) HOURS, and ONLY CLEAR LIQUIDS UP TO TWO (2) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING.**
- D. It is important that you take any regular medications (high blood pressure, antibiotics, etc.) or medications provided by this office - **BUT, USING ONLY A SMALL SIP OF WATER.**
- E. If you are, or could be pregnant, inform your oral surgeon prior to your surgery.
- F. Anesthetic risks include: soreness, bruising, infection, and allergic reactions. When medications are placed in a vein, there may be inflammation at the injection site (phlebitis) which may cause prolonged discomfort or disability and may require further care. There may also be nausea, vomiting, allergic reactions, or irreversible cardiac arrest.
- G. The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.

I have read and understand the above.



\_\_\_\_\_  
SIGNATURE OF PATIENT or PARENT/GUARDIAN

Who will drive the patient home and care for them today? \_\_\_\_\_

Persons Name & Relation (parent/friend etc)

➤ Phone # we can reach ride and care taker today at : \_\_\_\_\_

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