

SEDATION DENTISTRY NW
BRANT POWELL, DDS, PLLC
ALLENMORE MEDICAL CENTER, SUITE B-6001
TACOMA, WA 98405
(253) 572-2822

CONSENT FOR INTRAVENOUS CONSCIOUS SEDATION

NAME: _____

NATURE AND CHARACTER OF THE PROPOSED TREATMENT:

Administration of medications through a vein to render the patient relaxed and sedate

ANTICIPATED RESULTS:

Anxiety and/or pain control when indicated
Helps to control gag response

BENEFITS:

May be as effective as general anesthesia
Much less expensive and invasive than general anesthesia
Can be done in the dental operatory
Sometimes offers amnesia of the dental visit

POSSIBLE COMPLICATIONS:

Bruising (hematoma) where the IV is placed
Irritation of the vein
Nausea and vomiting
Delayed recovery
Decreased breathing
Rarely, allergic reactions and/or cardiac irregularities

CONSEQUENCES OF NON-TREATMENT OR POSTPONING:

Mild to severe anxiety of pain during treatment
Dental treatment may be impossible to accept by the patient
Dental treatment may be impossible to accept by the doctor

ALTERNATIVES:

No sedation
General anesthesia in a hospital setting

UPON ADMINISTRATION OF ORAL PREMEDICATION, THE PATIENT IS REQUIRED TO REMAIN IN THE WAITING ROOM UNTIL BROUGHT INTO THE BACK OFFICE _____ **(Initials Required)**

THIS IS TO CERTIFY THAT THE NATURE OF THE DENTAL PROCEDURE AND ITS RISKS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THEM AND CONSENT TO THE PERFORMANCE OF NEEDED DENTISTRY. I ALSO CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AS DEEMED NECESSARY, WITH EXCEPTION OF

(List any and ALL allergies)

Patient Signature: _____ **Date:** _____