

Patient Name: \_\_\_\_\_

B.P.: \_\_\_\_\_

Date: \_\_\_\_\_

Pulse: \_\_\_\_\_

**CONSENT FOR I.V. CONSCIOUS SEDATION**

I, \_\_\_\_\_ (patient name), understand that I.V. Conscious Sedation and other forms of supplemental sedation involve additional risks and hazards.

I, \_\_\_\_\_ (patient name), request the use of I.V. Conscious Sedation and/or other forms of supplemental anesthesia to assist in the relief and protection from pain during the planned and additional procedures, which will include the following: \_\_\_\_\_.

I, \_\_\_\_\_ (patient name), realize the I.V. Conscious Sedation and/or other forms of supplemental anesthesia may have to be changed possibly without explanation to me.

I, \_\_\_\_\_ (patient name), understand this is not general anesthesia (being completely asleep), and although it is unlikely, but I may have unpleasant memories of the procedure.

I, \_\_\_\_\_ (patient name), understand that certain complications may result from the use of any I.V. sedative or other form of anesthesia, including respiratory problems, drug reactions, paralysis, brain damage, or even death. Other risks and hazards which may result from the use of I.V. sedation or other sedatives or anesthetics range from minor discomfort to injury of the vocal chords, teeth, and/or eyes.

I, \_\_\_\_\_ (patient name), have been given an opportunity to ask questions about my(our) condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and

I, \_\_\_\_\_ (patient name), believe that I have sufficient information to give this consent.

I, \_\_\_\_\_ (patient name), certify this form has been fully explained to me, and that I have read it or have had it read to me understand its contents.

\_\_\_\_\_  
*Signature of Patient or Other Legally-Responsible Person*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient's Name (Please Print)*