



CONSENT FOR IV CONSCIOUS SEDATION

Diagnosis: I have been informed that my treatment can be performed with a variety of types of anesthesia. These include local anesthesia as normally used for minor dental treatment, local anesthesia supplemented with IV conscious sedation, and general anesthesia in the hospital or out-patient surgical center. Dr. Lueder has recommended IV conscious sedation in addition to other possible forms of anesthetic because a potentially long and stressful procedure is to be undertaken, certain medical or physical conditions of mine may so indicate, or I am subject to significant anxiety and emotional stress related to dental procedures.

Recommended Treatment: I understand that in IV conscious sedation, small doses of various medications will be administered to produce a state of relaxation, reduced perception of pain, and drowsiness. However, I will not be put to sleep as with a general anesthetic. In addition, local anesthetics will be administered to numb the areas of my mouth to be operated and thus further control pain. I understand that the drugs to be used may include Demerol (Meperidine), Versed (Midazolam), and/or Benadryl (Diphenhydramine).

I recognize that I must do several things in connection with IV conscious sedation specifically:

1. I must refrain from eating for six (6) hours and drinking for two (2) hours before my dental appointment.
2. I must not drink alcoholic beverages or take certain medications (including any prescribed pain medications) for twelve (12) hours before the procedure.
3. I will arrange for a responsible adult to drive me home and stay with me until the effects of the sedation have worn off.
4. I will not drive a motor vehicle or operate dangerous machinery on the day that I receive sedation.
5. I will wear dark colored loose fitting clothing, including an open neck and short sleeve upper garment.
6. I will remove contact lenses, jewelry, and nail polish.
7. I will defer all responsibility, complicated tasks, or decisions requiring fine judgment for 24 hours
8. I will use the restroom shortly before the sedation.

Expected Benefits: The purpose of IV conscious sedation is to lessen the significant and undesirable side effects of long or stressful dental procedures by chemically reducing the fear, apprehension, and stresses sometimes associated with these procedures.

Principal Risks And Complications: I understand that occasionally complications may be associated with IV conscious sedation. These include pain, facial swelling, or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction. I further understand that in extremely rare instances, damage to the brain or other organ supplied by an artery, and even death, can occur. To help minimize risks and complications, I have 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.

Alternatives To Suggested Treatment: Alternatives to IV conscious sedation include local anesthesia, oral sedation, intramuscular sedation, and general anesthesia in the hospital or surgical center either as an inpatient or as an outpatient. Local anesthesia and oral sedation may, however, not adequately dispel my fear, anxiety, or stress. If certain medical conditions are present, it may present a greater risk. There may be less control of proper dosage with oral sedation than with IV conscious sedation. General anesthesia will cause me to lose consciousness and generally involves greater risk than IV conscious sedation.

No Warranty Or Guarantee: I hereby acknowledge that no guarantee, warranty, or assurance has been given to me that the proposed treatment will be successful. I recognize that, as noted above, there are risks and potential complications in the administration of IV conscious sedation.

Publication of Records: I authorize photos, slides, x-rays, videos, or any other viewings of my care and treatment during or after its completion to be used for the advancement of dentistry and/or reimbursement purposes. My identity will not be revealed to the general public, however, without my permission.

PATIENT CONSENT

I have been fully informed of the nature of IV conscious sedation, the procedure to be utilized, the risks and benefits of my treatment, the alternative treatments available, and the necessity for pre-, follow-up, and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Lueder. After thorough deliberation, I hereby consent to the performance of IV conscious sedation as presented to me during consultation and in the treatment plan presentation as described in the document.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT

Date Printed name and signature of patient, parent or guardian

Date Printed name and signature of witness

Date Jacob C. Lueder, DDS, MS Member – Jacob C. Lueder, DDS, MS, PLLC