

CONSENT FOR ANESTHESIA SEDATION SERVICES FOR DENTAL TREATMENT

Patient Name _____ Date _____

I, _____ acknowledge that a doctor or a staff member has explained that I need a dental procedure. I have also been told of the risk of that said procedure. I have been advised of alternative treatments and told about the expected outcome and what could happen if my condition(s) remain untreated. I also understand that anesthesia services are needed so that the dentist can perform the dental procedure.

It has been explained to me that all forms of anesthesia involve some risks and no guarantee or promises can be made concerning the result of this procedure or treatment. Although extremely rare, unexpected complications with anaesthesia and sedation can occur and include the remote possibility of infection, bleeding, drug reaction and blood clots, loss of suspension, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anaesthesia. It has been explained to me that sometimes an anaesthesia technique which the use of local anaesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.

I hereby consent to the anaesthesia service I have chosen and authorize that it be administered by my dental provider Dr. Jess Chhokar and or his/her associates, all of whom have credentials to provide anaesthesia at this healthy facility, I also consent to an alternative type of anaesthesia, if necessary, as deemed appropriate by them. I expressly desire the following considerations be observed (or write "none"):

I, _____ certify and acknowledge that I have read this form or had it read to me, that I understand the risk, alternatives and expected results of the anaesthesia or sedation I have chosen and that I have had ample time to ask question and to consider my decision.

- Ativan sedation
- Nitrous oxide sedation

I agree to provide the name, relationship and contact phone number of the responsible person driving and supervising patient during time of anaesthesia or sedation (pertaining to Ativan sedation only).

Name of supervising person _____

Relationship _____

Phone number _____

X _____
Signature (Patient/Parent/Legal guardian)

X _____
Date

X _____
Signature (Dentist)

X _____
Date