

IV Sedation Informed Consent

I, _____, request that Dr. Crepps, provide moderate (conscious) sedation for me to reduce anxiety associated with my dental procedure. I understand that the sedation does not “put me to sleep” or “put me out,” but should result in a relaxed, sleepy state.

Sedation medications can be administered by inhalation, a spray into the nose, a pill or an injection into muscle or a vein. The plan is to sedate me with Fentanyl and Midazolam, although the plan may change.

Risks associated with sedation can include prolonged drowsiness, dizziness, hallucinations, nausea, vomiting, allergic reaction, irritation to veins, breathing problems, brain damage, cardiac arrest and death. Patient initials: _____

The medical history I have given the doctor is complete, to the best of my knowledge. I agree to have an invested escort available to take me home and stay with me until fully awake. I agree to comply with/have complied with food/drink limitations and medication instructions, as directed by the doctor. I understand that I should not drive or operate complicate/heavy machinery until 24 hours after the procedure.

Written post sedation instruction reviewed with me: no driving/alcohol today; be careful walking.
Patient initials: _____

Patient Signature _____ Date: _____

Witness Signature _____ Date: _____

Dentist Signature _____ Date: _____