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CONSENT FOR ORAL SEDATION

You have chosen to have oral sedation for your dental treatment, common procedures that are considered quite safe. If you are pregnant, you are **NOT** a candidate for Sedation, Nevertheless, any anesthesia carries some risk and the common risks are noted below for your review before you consent to its use:

____. Allergic reactions (previously unknown) to any of the medications used.

____. The effects of the anesthetic or sedative medications may cause prolonged drowsiness, lightheadedness, headache, visual disturbances, amnesia and nausea. Nausea and vomiting, although not common, are potential side effects of anesthesia. Bed rest, and sometimes medications, may be required for relief.

____. You **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you have recovered sufficiently to care for yourself. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices to make important decisions, including watching children and cooking. **ABSOLUTELY NO RECREATIONAL DRUGS OR ALCOHOL** 24 hours before or after treatment.

____. You must report any and all personal illness or allergies (including diabetes)-no matter how insignificant they may seem.

____. You must also disclose any medication or drugs, prescribed or recreational, you have taken within the last three weeks, including but not limited to: heroin, crack, cocaine, methadone, methamphetamine, percocet, opium, and/or marijuana.

Be on time for your appointment. Patients who are breastfeeding need to prepare for feedings post appointment; pump and discard for a minimum of 24 hrs after being sedated.

Sedation is intended to make your dental treatment a comfortable experience. It is suitable for most people, but if you are not in good health or if you are taking medication, you need to let us know, so the sedation can be modified to suit your needs.

CONSENT

I have read and understand the above paragraphs and realize that oral sedation carries with it certain serious risks. I request that oral sedation anesthesia be used for my surgery. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved.

(Date)

(Printed name of patient or guardian)

(Signature of patient or guardian)

(Signature of Witness)