



## INFORMED CONSENT FOR IV SEDATION

I, \_\_\_\_\_, request that Dr. Miller 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 a muscle or vein. The plan is to sedate me with IV Sedation, 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. Irritation to the skin on the back of your hips and shoulders may occur in rare instances.

Initials \_\_\_\_\_

The medical history I have given the doctor is complete, to the best of my knowledge. I agree to have an 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.

Written post sedation instructions were reviewed with me: no driving/alcohol today, careful walking.

Initials \_\_\_\_\_

Patient Signature \_\_\_\_\_ Witness \_\_\_\_\_

Dentist Dr. Matt Miller