

CONSENT FOR ANESTHESIA

Patient's Name

Date

The following is provided to inform patients, and/or parents of minor children of the choices and risks involved with having dental treatment under anesthesia. This information is not presented to make patients, parents, or legal guardians more apprehensive, but to enable them to be better informed concerning their treatment. There are four choices for anesthesia: local anesthesia, moderate sedation, general anesthesia, and/or no anesthesia. These can be safely administered in an office, surgery center, or hospital setting. **Please initial each paragraph after reading, if you have any questions please ask your periodontist before initialing and signing on the last page.**

____ 1. I understand that the most frequent side effects of any anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result, coordination and judgment will be impaired for as long as 24 hours. It is recommended that adults refrain from activities such as driving, and children remain in the presence of a responsible adult during this period. Nausea and vomiting following anesthesia will occur in approximately 10-15% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat; however, tenderness and a hard lump may be present up to a year.

____ 2. I have been informed and understand that on rare occasions, anesthesia related complications include, but are not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and pneumonia. I further acknowledge, understand, and accept the extremely remote possibility that complications may require hospitalization, and/or result in brain damage, heart attack, or death. I have been made aware that the risks associated with local anesthesia, moderate sedation, and general anesthesia vary. Of the three choices of anesthesia, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk.

____ 3. I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing DC Perio & Implants of the possibility of being pregnant or a confirmed pregnancy, with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform DC Perio & Implants if I am a nursing mother.

____ 4. Since medications, drugs, anesthetics, and prescriptions may cause drowsiness and incoordination, I have been advised not to use alcohol or other drugs for 24 hours. Also, I have been advised not to make any major life decisions or operate any vehicle and/or hazardous device for at least 24 hours until fully recovered from the effects of the anesthetic, medications, and drugs that have been given to me or my child. I have been advised of the necessity of direct "one-on-one" parental supervision of my child for twenty-four hours following their anesthesia.

____ 5. I hereby authorize and request DC Perio & Implants, to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (local to Moderate) by any route that is deemed suitable by DC Perio & Implants.

____ 6. I have been fully advised and completely understand the alternatives to moderate sedation and general anesthesia. I accept the possible risks, side effects, complications and consequences of anesthesia. I acknowledge the receipt of and understand both the preoperative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty and no guarantee as to any result and/or cure. I have had the opportunity to ask questions about my or my child's anesthesia, and I am satisfied with the information provided to me.

While under moderate sedation, responsible companion:

Name: _____ Address: _____

Cell Phone#: _____ Home Phone#: _____

I have read and understand the consent for anesthesia. I have had the opportunity to have all my questions answered regarding the risks, benefits, and alternatives of anesthesia.

Patient's Signature (or patient's guardian)

Date

Witness Signature

Date