FATEMI FAMILY DENTISTRY

IV and Oral Conscious Sedation

You have chosen to undergo Conscious Sedation concerning your Dental Treatment. Conscious Sedation is a safe method of reducing the anxiety of a patient prior to dental procedure. This is accomplished by administration of a pill or placing an Intravenous line. The choice will reside with the treating dentist.

Once the sedation has set in, we will perform the necessary dental work that has been prearranged between you and our office. At times, we have to deviate from the prearranged treatment. We like your permission to deviate from the original plan if it is to your best interest. We will notify the designated guardian (husband, friend, etc.) to make the decision for you. We also expect that whoever makes such a decision for you to accept responsibility and will be accountable. Please let us know who you want us to contact in case of an unexpected change. After the treatment, we will transport you by a wheelchair to the car. Please note that the patient has to be accompanied by an adult so that he/she can drive.

By signing this authorization, you will give this office permission to administer Conscious Sedation and perform the necessary dental procedures outlined in your treatment plan.

_____ _____ _____

Patient Signature *Date* *Patients Name*

Name of Designated Decision Maker _____ Phone# _____

_____ _____

Doctors Signature *Date*