



Intravenous Sedation Informed Consent

Most patients respond very well to sedation methods, but individual responses may vary. I _____ understand that undergoing intravenous sedation includes risks such as but not limited to the following.

Complications such as allergic reactions, nausea, vomiting, swelling, bleeding, and infection. In extreme cases a patient may have complications that require hospitalization. Bruising and tenderness in the site of the IV. For women IV sedation medication may be harmful to an unborn child.

As the patient, I accept full responsibility and agree to inform the sedation dentist of pregnancy and have been honest about my full medical history and all of my known allergies.

I consent to the following procedures: _____

Under conscious sedation by Dr. Mohamed Ibrahim. I acknowledge that no guarantees have been made to me as the results of the treatment. I understand the risks, benefits, and alternatives. I consent to the administration of intravenous sedation and have had the chance to ask questions and receive answers before my appointment.

The purpose of IV sedation is to induce a relaxed, comfortable state for a long and difficult procedure or to reduce generalized anxiety for a dental procedure. It is NOT general anaesthesia but conscious intravenous sedation.

I have been given the opportunity to ask questions and receive answers regarding the nature and purpose of IV sedation dentistry and have been explained the risk and complications that can occur.

Name: _____ Date: _____

Signature of Patient/Guardian: _____

Witness Signature/Name: _____