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Oral Conscious Sedation Informed Consent

Oral conscious sedation utilizes the elective administration of an oral sedative medication during dental procedures to reduce the fear and anxiety related to the experience.

- I understand the purpose of oral sedation is to more comfortably receive necessary dental treatment and that it has limitations and risks, and its absolute success cannot be guaranteed.
- I understand that oral conscious sedation is a drug induced state of reduced awareness and may decrease my ability to respond. The sedative will not put me to sleep and I will be capable of responding during the procedure. My ability to respond normally will return when the effects of the sedative wear off.
- I understand that the sedative prescribed will be a pill that I will take approximately 60 minutes before my scheduled appointment. The effects of this sedative will last approximately 6-8 hours.

- I understand that the alternatives to oral conscious sedation are:
 - No sedation: Treatment is performed using local anesthetic, or not and the patient is fully aware of surrounding activity.
 - Nitrous oxide sedation: Provides relaxation through inhalation of the gas, and the patient is still generally aware of surrounding activity. Its effects are rapidly reversed with the administration of oxygen.
 - Intravenous sedation: The slow injection or drip of a sedative into a vein. (Not offered by our office)
 - General anesthetic: Generally used in a hospital setting, it requires breathing to be supported and the patient has no awareness of his/her surroundings.

- I have been informed that there are risks and limitations to all dental procedures. Additionally, with the use of oral sedation, the following risks are also present:
 - Inadequate sedation with the initial dosage which may require undergoing the procedure without full sedation, or having to reschedule the procedure.
 - Atypical reaction to the sedative drug which may require emergency medical attention and/or hospitalization such as, but not limited to: altered mental state, adverse physical reaction, allergic reaction or other unforeseen sicknesses.
 - The inability to discuss treatment options during the procedure should the circumstance arise, that requires the Doctor to change the treatment plan.

• If, in the professional judgment of the attending Dentist, a change in treatment is indicated, I authorize him/her to proceed with it. I also understand that I have the right to designate another individual to discuss any changes of treatment with the Dentist.

• I authorize _____ to make the decision on my behalf to change my treatment plan as advised by the attending Dentist.

• I have had the opportunity to discuss oral conscious sedation with the attending Dentist and have had my questions answered to my satisfaction.

• I understand and agree to follow all instructions given to me.

• I have informed the attending Dentist of and/or agree to the following:

• I am not pregnant or breastfeeding.

• I have disclosed all medications and supplements that I currently take.

• I have disclosed any known allergies.

• I am of sound mental and physical ability to make the decision to use oral conscious sedation, and I understand what it is and what it is not.

• I will not consume alcohol within 24 hours of using oral conscious sedation.

• I understand that I will not be able to drive or operate machinery for 24 hours after completion of my treatment.

• I have made arrangements for transportation to and from my scheduled appointment, and for a responsible adult to stay with me for 12 hours following any appointments during which I have been sedated.

I consent to the use of oral conscious sedation to be used in conjunction with my dental treatment.

Patient/Guardian Date

Witness