

CONSENT FOR ANESTHESIA

You have the right to be informed about your planned surgery so you can make a knowledgeable decision regarding your treatment. It is your right to understand all your treatment options including no treatment. I voluntarily request Dr. Woodmansee and other health care providers to treat my condition which has been explained to me as:

My planned treatment is: Intravenous moderate sedation (also referred to as IV conscious or twilight sedation) in addition to the dental treatment planned with my dentist

I have chosen Dr. Woodmansee from all options I was offered to perform my anesthesia. I recognize that Dr. Woodmansee is a general dentist with Arizona state licensure to administer IV anesthesia. I understand Dr. Woodmansee is not employed by my dentist, but is an independent contractor.

ANESTHESIA

IV conscious sedation enables you to feel relaxed and comfortable throughout the surgery. Performing the sedation through an IV is one of the safest and most predictable ways to reduce anxiety, awareness, and memory during the procedure. During the sedation, you will technically be "conscious" so the body can maintain natural reflexes like breathing and swallowing. This also allows your dentist to ask you to perform tasks they need like opening and closing the jaw. However, many patients are so relaxed they drift in and out of sleep ("twilight sleep") and are frequently unaware of the dental procedure.

I have had the opportunity to speak with Dr. Woodmansee about my options for anesthesia. After this discussion, I have chosen to have conscious IV sedation ("twilight sleep") as my anesthesia.

I have been informed of and understand the potential risks associated with anesthesia include but are not limited to:

- Nerve injury, which may occur from the delivery of local anesthesia or placement of IV catheter, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste), arm, or hand. Such conditions may resolve over time, but in some cases, may be permanent;
- Allergic or adverse reactions to medications or materials;
- Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually the numbness or pain goes away, but in some cases, it may be permanent;
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is over;
- Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest), or death.

MY OBLIGATIONS:

Because anesthetic or sedative medications (including oral premedication) cause drowsiness that lasts for some time, I MUST be accompanied by a responsible adult to drive me to and from surgery, and stay with me for several hours until I am recovered sufficiently to care for myself. Sometimes the effects of the drugs do not wear off for 24 hours. During recovery time (normally 24 hours), I should not drive, operate complicated machinery/devices, or make important decisions such as signing documents, etc.

____ 1. I must have a completely empty stomach. It is vital that I have NOTHING TO EAT OR DRINK, INCLUDING WATER, for **six (6) hours** prior to my treatment. **TO DO OTHERWISE MAY BE LIFE-THREATENING.**

CONSENT

I understand the treatment listed above and other forms of treatment or no treatment at all are choices I have. I have read and understand the above and give my consent to anesthesia. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form. In signing, I believe I have sufficient information to give consent.

Patient's Name (Please Print)

Patient's (or Legal Guardian's) Signature

Date

Doctors Signature

Date

ESCORT RESPONSIBILITIES FOR SEDATED PATIENTS

MY OBLIGATIONS:

1. Presence in the Facility:
 - a. Be present in the facility prior to, during, and after the procedure.
2. After the procedure, remain with the patient:
 - a. You will be required to drive the patient home and stay with them for a minimum of 6 hours post-procedure.
 - b. It is your responsibility to care for the patient post-procedure until they have fully recovered from the sedation.
3. Relay instructions you received from our team to the patient:
 - a. The medication given during the procedure will cause amnesia
 - b. The patient will most likely not remember any instructions given to them by our team upon completion of the procedure.

I understand my assigned role and my responsibilities as listed herein. I agree to adhere to my responsibilities as a patient escort

Escort's Name (Please Print)

Escort's (or Legal Guardian's) Signature

Phone number

Date