

Springwater Dental

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INFORMED CONSENT FOR ANESTHESIA

I understand that anesthesia services have been recommended so that my doctor can perform the procedures that have been explained to me. All forms of anesthesia have inherent risks and no guarantees or promises can be made concerning the results of my procedure.

Oral conscious sedation is a semi-conscious state that results in reduced anxiety, pain, awareness, and recall. It usually requires the use of a local anesthetic to completely block painful procedures. I have been fully informed regarding the nature of oral conscious sedation, the manner of its administration, advantages and disadvantages, risks and complications and the availability of alternative anesthetics.

I understand that occasionally there are side-effects associated with the medications that are utilized for oral conscious sedation. Some common side effects include, but are not limited to, drowsiness, nausea and vomiting, headache, and allergic reactions.

Although it is uncommon, unexpected complications may include severe allergic reactions and cardiac complications including cardiac arrest. These complications may be severe enough to require hospitalization and I accept these risks and the associated financial responsibilities. I further understand that in extremely rare cases damage to the brain and other vital organs as well as death can occur.

To minimize the risks and potential complications I have disclosed all drugs, medications, and supplements (including vitamins and herbs) that I am taking. I have also provided a truthful, accurate and complete personal and medical history and I will follow any and all instructions as directed.

I have had the opportunity to ask questions I may have in connection with the procedure and was provided an opportunity to discuss my concerns. After thorough deliberation I do hereby freely consent to and request the administration of oral conscious sedation as presented to me.

Patient/Guardian

Date

Doctors Signature

Date

Witness

Date