

Patients name

REQUEST FOR ANESTHESIA AND SEDATION

Dr. Brian Kumer

It is our moral and legal obligation to give you the information necessary to make an educated decision in requesting treatment. The benefits of therapy are usually greater than the risk, but there are risks. There are events that can occur with any type of treatment. These risks are being explained to inform and educate you, not to alarm you. Eliminating surprises will make your care go more smoothly. As with any dental procedure you must advise us of your medical status including a complete disclosure of all medications and/or drugs that you are currently taking with special notice to us if you are pregnant or have glaucoma.
_____ (Initial)

Rare occurrences include any event that might be remotely possible but unlikely to occur. These include: allergic reaction to drugs, which range from hives to heart failure. Drug reactions are side effects and treated as such. The office staff has had training in managing these potential problems.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and co-ordination, which can be increased by the use of alcohol or other drugs.

DO not operate any vehicle, automobile or hazardous device for 24 hrs following your surgery. Your judgment and work performance can be altered by pain medication or the sedative agents and you should plan accordingly. Your signature below certifies.

You consent and request for **Dr. Brian Kumer** or any dentist working with him/her to perform the following treatment.

Full treatment as described in my treatment plan _____ (Initial)

You understand that on rare occasions, individual patient differences can result in relapse of a condition in spite of our efforts to provide optimum care. In this event you understand the selective re-treatment may become necessary.

Your agreement to the administration of local anesthesia, nitrous oxide/oxygen and/or oral sedation as discussed with the dentist. _____ (Initial).

Your authorization for the dentist to use best judgment in managing unforeseen conditions, which unexpectedly arise during the course of the procedure. _____ (Initial).

Your understanding that lack of co-operation with our recommendation during your care may result in less than optimum result. _____ (Initial)

That you read and write English, understand the above information and have opportunity to review and discuss it as well as your health history including any serious problems or injuries. That all statements requiring insertion or completion were filled in, and inapplicable paragraphs, if any were stricken before you sign. That you are both mentally and physically competent to give this content. _____ (Initial)

PATIENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

WITNESS: _____ DATE: _____