



Consent for Treatment with Conscious Sedation

I, _____, give consent for _____ to receive dental treatment with conscious sedation from Arnold Tracht DDS & Daniel Briskie DDS, PC & Associates.

The sedative medications are intended to relax your child to allow the dentist to render treatment.

The medications to be used are: Versed Vistaril Other: _____

- All alternative ways to provide treatment have been fully explained.
- The medications are intended to calm and quiet your child; not to make your child unconscious. At various times, your child may be drowsy, irritable, hyperactive or asleep. Crying, not associated with pain, may occur during the appointment.
- Local anesthetic will be administered to prevent discomfort.
- Nitrous oxide ("laughing gas" or "relaxing air") is usually administered in addition to the sedative medication to help calm your child. It is breathed through a nasal mask. It does not put your child to sleep. Many children become so relaxed, however, that they may "nap".
- The dental procedures, risks and alternatives have been explained thoroughly, as well as the risks and consequences of refusing dental treatment.
- All patients undergoing sedation are subject to risk of medical complications including, but not limited to: nausea and vomiting, numbness, infection, swelling, allergic reactions, respiratory and cardiovascular problems.
- Protective stabilization may be necessary to avoid injury to your child or dental staff. You confirm that you have seen a picture of a protective stabilizer and agree to use it if necessary.

I UNDERSTAND AND HAVE HAD AMPLE OPPORTUNITY TO DISCUSS ALL OF THE ABOVE INFORMATION. MY QUESTIONS HAVE BEEN ANSWERED. I GIVE PERMISSION FOR TREATMENT WITH CONSCIOUS SEDATION AND APPROPRIATE STABILIZATION FOR MY CHILD.

I am the Patient's: Mother Father Legal Guardian

Signature

Print Name

Date

(-OFFICE USE ONLY-)

I explained all of the above and delivered the **Instructions for Dental Treatment with Conscious Sedation** sheet.

Signature

Date