



Consent for Anesthesia and Sedation

1. As with any dental procedure you must advise us of your medical status including a complete disclosure of all medication and/or drugs that you are currently taking, with special importance to us if you are pregnant or have glaucoma. _____ initial
2. This is my consent for the doctor or any dentist or physician who may be employed by Christopher Sabourin DDS to perform the oral dental procedures on my examination chart, as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned operation.
3. I also agree to the use of a ☐ local ☐ oral sedation or ☐ conscious IV depending upon the judgment of the dentists/physicians involved with my care.
4. I have been informed that occasionally there are complications of the treatment, drugs, and anesthesia including: pain, infection, swelling, bleeding, discoloration, numbness, tingling of the lip, tongue, chin, gums, cheeks, teeth pain, numbness, tingling and thrombophlebitis (inflammation of the vein) from intravenous injection, injury to and stiffening of the neck and facial muscles, referred pain to the ear, neck and head, nausea, vomiting, allergic reaction, bone fractures, bruises or delayed healing.

Other Possible Issues

- Postoperative discomfort and swelling which may require several days of home recuperation.
- Chapping of the lips caused by stretching the corners of the mouth during treatment
- Stiffness of the jaws and restricted mouth opening from several days to several weeks depending on the extent of the treatment.
- Possible temporary amnesia
- Temporary side effects may include but are not limited to ataxia, abnormal gait, confusion and lethargy.

_____ initial

5. Rare occurrences can include: allergic reaction to drugs which range from hives to heart failure. Many drug reactions are side effects and treated as such. The office staff has had training in managing these potential problems. _____ initial
6. Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination which can be increased with the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle or hazardous devices, or work while taking such medications and/or drugs, or until fully recovered from the effect of the same. I understand and agree not to operate any vehicle or hazardous devices for at least 24 hours or until fully recovered from the effects of such medications, drugs, or anesthetics.
7. I acknowledge the receipt of pre-operative instructions and understand that I should have nothing to eat or drink for at least six hours prior to receiving anesthetics. In addition, I acknowledge the receipt of and understand post operative instructions and have been given a specific appointment date to return to the office.
8. It has been thoroughly explained to me and I completely realize that any surgical procedure maybe classified as a risk procedure. The risk involved is defined as a greater possibility of experiencing morbidity (the relative incidence of disease) and mortality (the proportion of death to population), during the surgical procedure, than a person in good health. Complications which can occur during surgery may involve more than average amount of post-operative discomfort, increased pain and swelling and delayed healing. I fully acknowledge that these possible complications have been explained.

I may request further explanations of the risks involved and possible outcome of the procedure. When the patient is a minor or incompetent to give consent, signature should be of a person authorized to consent for the patient.

Signature of Patient or Guardian

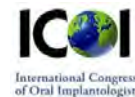
Date

Signature of Witness

Date

Signature of Doctor

Date



Sedation Appointment

This is a reminder for you. We suggest you wear comfortable clothing (ex. a light weight jogging suit.) We will take care of the rest to ensure your comfort.

Your appointment is scheduled for _____ at _____
date time

You should not drink any alcohol or caffeinated beverages for 24 hours prior to your appointment. **You should not eat or drink anything 6 hours before your appointment time (including water).**

If you have any questions please feel free to call us at
559.322.2054 (Clovis/Fresno)

Sedation Clearance

I, _____, have informed Dr. Christopher Sabourin of the medications I am currently taking and/or am allergic to.

I have listed a full account of these medications on my health history.

Name

Date

Post Sedation Instructions

Initial below:

- _____ 1). Patient cannot drive 24 hours after sedation.
- _____ 2). Patient cannot operate any hazardous devices for 24 hours after surgery.
- _____ 3). A responsible person should be with the patient until he/she has fully recovered from the effects of the sedation.
- _____ 4). Patient cannot make any important type of decisions for 24 hours after the sedation.
- _____ 5). Patient should not go up and down stairs unattended. Patient should stay on ground floor until recovered.
- _____ 6). Patient can eat whatever he/she wants.
- _____ 7). Patient needs to drink plenty of fluids as soon as possible.
- _____ 8). Patient may sleep for a long time or may be alert when he/she leaves the appointment. Attend to both alert and sleepy in the same manner. Do not trust him/her alone.
- _____ 9). Always hold patient's arm when walking.
- _____ 10). Call us if you have any questions or difficulties. If you feel that your symptoms warrant a physician and you are unable to reach us, go to the closest emergency room immediately.

Following most surgical procedures, there may or may not be discomfort depending on your threshold for pain. You will be provided with medication for discomfort that is appropriate for you. In most cases, a non-narcotic pain regimen will be given consisting of acetaminophen (Tylenol ®) and ibuprofen (Advil ®). These two medications TAKEN TOGETHER will be as effective as a narcotic without any of the side effects associated with narcotics. If a narcotic has been prescribed, follow the directions carefully. If you have any questions about these medications interacting with other medications you are presently taking, PLEASE CALL OUR OFFICE FIRST, YOUR PHYSICIAN AND/OR YOUR PHARMACIST.