

Anxiolysis Informed Consent

1. I understand that the purpose of Anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that Anxiolysis has limitations and risks and absolute success cannot be guaranteed (see #4 options).
2. I understand that Anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of Anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that Anxiolysis will be achieved by the following route: Oral administration
 - a. I will take a pill approximately 90 minutes before my appointment.
 - b. The anxiolysis will last approximately 4 to 8 hours.
4. I understand the alternatives to Anxiolysis are:
 - a. No Anxiolysis: The necessary procedure is performed under a local anesthetic with the patient fully aware.
 - b. Nitrous Oxide: Commonly called "laughing gas", nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
 - c. Oral Conscious Sedation: Sedation via pill form that will put the patient in a minimally depressed level of consciousness.
 - d. Intravenous (IV) Administration: The doctor will inject the sedative in a tube connected to a vein in the patient's arm.
 - e. General Anesthesia: Commonly called "deep sedation", the patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for long procedures lasting three or more hours.
5. I understand that there are risks or limitations to all procedures. For Anxiolysis, these include, but are not limited to:
 - a. Inadequate initial dosage may require the patient to undergo the procedure without Anxiolysis or delay the procedure for another time.
 - b. Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as: altered mental states, physical reactions, allergic reactions, and other sicknesses.
 - c. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
7. I have had the opportunity to discuss Anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant or lactating, if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medication.
9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking medication.
10. I hereby consent to Anxiolysis in conjunction with my dental care.

Patient Name

Date

Witness Name

Date



Conscious Sedation Informed Consent

1. I understand that the purpose of conscious sedation is to more comfortably receive necessary care. Conscious sedation is not required to provide the necessary dental care. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed (see #4 options).
2. I understand that the purpose of conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that conscious sedation will be achieved by the following route: Oral administration
 - a. I will take a pill approximately 90 minutes before my appointment.
 - b. The sedation will last approximately 12 to 24 hours.
4. I understand that the alternatives to conscious sedation are:
 - a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - b. Anxiolysis: Taking a pill to reduce fear and anxiety.
 - c. Nitrous Oxide: Commonly called “laughing gas”, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. It’s effects can be reversed in five minutes with oxygen.
 - d. Intravenous (IV) Administration: The doctor could inject the sedative in a tube connected to a vein in the patient’s arm.
 - e. General Anesthesia: Commonly called “deep sedation”, the patient under general anesthesia has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting three or more hours.
5. I understand there are risks or limitations to all procedures. For Sedation, these include, but are not limited to:
 - a. (Oral Sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
 - b. Atypical reaction to sedative drugs which may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions and other sicknesses.
 - c. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such decisions.
7. I have had the opportunity to discuss conscious sedation and have my questions answered by qualified personnel including the doctor. I also understand that I must all follow the recommended treatments and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant or if I am lactating, if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.
9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure(s). I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking oral sedatives.
10. I hereby consent to conscious sedation in conjunction with my dental care.

Patient Name

Date

Witness Name

Date

