



**Consent Form for Sedation**

The following is provided to inform you of the choices, risks and benefits involved with having treatment under IV Conscious Sedation. This information is presented to enable you to be informed regarding the delivery of sedation during your treatment.

I, \_\_\_\_\_, (your name) hereby authorize

Dr. Gregory Gillespie D.D.S. to perform the sedation procedure as previously explained to me, and any other procedure deemed necessary or advisable as an adjunct to the planned sedation procedure. I consent to the administration of such sedation by any route suitable by Dr. Gillespie. I understand that Dr. Gillespie will have full charge of the administration and maintenance of the sedation.

I understand that there are potential complications associated with the administration of sedative drugs including, but not limited to: pain, hematoma, phlebitis, numbness, swelling, bleeding, bruising, nausea, vomiting, and allergic reaction. I further understand the risk that complications may require hospitalization.

I understand that sedative medications and other drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Gillespie of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the sedation. For the same reasons, I understand that I must inform Dr. Gillespie if I am a nursing mother.

I have been fully advised of and completely understand the alternatives to sedation and accept the potential risks and dangers. I acknowledge the receipt of both preoperative and postoperative instructions. I have had the opportunity to ask questions about my sedation and I am satisfied with the information provided to me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_