

**INFORMATIONAL USE ONLY**

**INTRAVENOUS SEDATION**

I, \_\_\_\_\_, consent to the use of intravenous sedation for my periodontal treatment and to the use of medications deemed appropriate by my doctor. I understand I will be conscious but deeply relaxed during the procedure.

I have been advised of the following:

1. I must arrange for someone to pick me up at the office at the conclusion of the appointment and drive me home.
2. I could experience drowsiness for up to 48 hours following the procedure. I should not drive a car or operate machinery for up to 24 hours.
3. In rare instances, an infection (phlebitis) can develop in the arm at the site of the I.V. This can be accompanied by redness, swelling and soreness of several weeks duration.
4. I understand that my pulse rate and heart rhythm (ECG) will be monitored during my procedure. Should the need arise during the procedure, medications may be utilized to reverse the effects of the sedation.

My questions have been answered to my satisfaction regarding the use of intravenous sedation for my treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness