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Informed Consent for Oral Sedation

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.

I understand that conscious sedation will be achieved by the oral administration route:

- Diazepam 5mg x the night before my procedure
Triazolam .25mg x approximately minutes before my appointment.
Lorazepam 1mg x approximately minutes before my appointment.
These are in addition to medication given when I arrive for my appointment.

I understand that there are alternatives to conscious sedation, including no sedation, Nitrous Oxide, Anxiolysis, General Anesthetic, and IV Administration.

I have been offered the opportunity of having another adult and/or translator with me.

I also grant permission to discuss my dental and Oral Sedation treatment with my accompanying adult or physician if deemed reasonably necessary for my immediate dental health and safety.

I understand that there are risks or limitations to all procedures. For sedation these include: Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. 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. Inability to discuss treatment options with the doctor should circumstances require a change in treatment plan.

I have been informed of the reasonably expected recovery scenarios from being orally sedated and understand that conscious sedation is a drug induced state of reduced awareness and decreased ability to respond.

I will not 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 and from my dental appointment.

I understand that I must notify the doctor if I am pregnant, if there is any chance I could be pregnant, or if I am lactating.

I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have consumed alcohol or recreational drugs, and if I am presently on psychiatric mood altering drugs or other medications.

I hereby consent to treatment with Oral sedation for my pending dental appointment(s). I have read and fully understand and agree to adhere to all pre-op and post-op instructions

If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make a change that they deem in their professional judgment is necessary. If additional treatment is required, I would like Dr. Johnson to:

- Initial { Perform additional services (knowing additional fees will occur)
Advise and let them make that decision
Do nothing, and advise me after sedation appointment, so that I may make that decision.

I certify that I have read or have had read to me and fully understand the terms and words contained above in this "Consent for Oral Sedation." All of my questions have been answered to my satisfaction by qualified personnel including the doctor.

Patient, Parent, or Guardian Date

Dr. Michelle Johnson

Please Print Name

Witness (Professional Staff Member)

We want to make your treatment as comfortable as possible. If you have any other questions please feel free to ask. On behalf of Dr. Johnson and the staff at Allen Creek Dental "We are here to help"