



FAMILY, IMPLANT & COSMETIC DENTISTRY

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CONSENT FOR CONSCIOUS SEDATION

I consent to the administration of anesthesia, including local, oral, inhalation (nitrous oxide) or intravenous sedation in connection with my dental procedures.

Risks of intravenous sedation include: phlebitis (inflammation) of the vein from intravenous or intramuscular injection, nausea, vomiting, allergic reaction to medications, pneumonia, heart attack, stroke, brain damage, and/or death.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous devices, not to work while taking medications and/or drugs, or until fully recovered from the effects of the same.

I understand and agree not to operate any vehicle or hazardous device for at least twenty-four (24) hours after my release from surgery or until fully recovered from the effects of the anesthetic medications or drugs that may have been given to me in the office. I agree not to drive myself home after surgery and will have a responsible adult drive and accompany me home after my discharge from the office.

I agree and understand that I am not to have, and have not had, anything to eat or drink (including water), for 6+ hours before my surgery. To do otherwise may be life threatening.

I understand that certain anesthetic risks which could involve serious bodily harm are inherent in any procedure that requires a general anesthetic.

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I have had the opportunity to discuss with the doctor my past medical and health history including any serious problems or injuries.

I agree to cooperate with the recommendations of the doctor while I am under his care, realizing that the lack of same could result in a less than optimal result.

I authorize the doctor and/or associates and/or assistants to use models, x-rays and photographs and/or other diagnostic materials in lecture and educational publication for teaching purposes.

I have read and understand this consent form and all my questions have been satisfactorily answered, concerning the actual and possible procedures, alternative procedures, serious risks and possible hazards.

Witness

Patient, Parent or Guardian

Date

Witness

Doctor

Date