

CONSENT FOR INTRAVENOUS SEDATION/ANESTHESIA

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PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTORE BEFORE INITIALING.

You have chosen intravenous anesthesia for your surgery by Dr. John Lehrian. Such anesthesia is quite common for oral surgery and is considered a safe procedure. Nevertheless, any anesthesia is not without some risks, and the common ones known for intravenous anesthesia are noted below for your review before you consent to its use.

- ___ 1. Allergic reactions (previously unknown) to any of the medications used in the procedure.
- ___ 2. Discomfort, swelling or bruising at the site where the intravenous drugs are placed into a vein.
- ___ 3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level where arm or hand motion may be restricted temporarily and medications may be required.
- ___ 4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
- ___ 5. Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, heart attack and death.

YOUR OBLIGATIONS:

- ___ 1. Because the anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.'
- ___ 2. During the time of recovery (normally 24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- ___ 3. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK** for 8 hours prior to being given your anesthetic. **TO DO OTHERWISE MAY BE LIFE-THREATENING!**

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CONSENT: I have read and understand the above paragraphs and realize that intravenous anesthesia carries with it certain risks. I request that intravenous anesthesia be used for my surgery. All my questions have been answered fully to my satisfaction regarding this consent and I fully understand the risks involved. I also state that I speak, read and write English.

Patient's (or legal guardian's) signature

Date

Witness' signature

Date

Doctor's signature

Date