

Issaquah Valley Dental Care
1660 NW Gilman Blvd, STE C1
Issaquah, WA 98027
Phone: 425-392-4122

Sedation Request Form

This information is necessary for you to make an educated decision in requesting treatment. The benefits of therapy are usually greater than the risk, but just as there are risks involved with driving a car, there are events that can occur with any type of treatment. These are being explained to inform and educate you ... not to alarm you.

Routine aftermath includes:

- Possible temporary amnesia
- Temporary side effects may include but are not limited to ataxia, abnormal gait, confusion and lethargy
- Stiffness of the jaws and restricted mouth opening from several days to several weeks depending on the extent of the treatment.

Rare occurrences ... can include any event that might be remotely possible but unlikely to occur. People rarely plan their lives around these, but are still aware that they can occur. These include: allergic reaction to drugs which range from hives to heart failure. In case of complications you may require ambulance transport and hospitalization.

Medication, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and co-ordination, which can be increased by the use of alcohol or other drugs. It would be wise not to operate any vehicle, automobile or hazardous device while taking such medication and or drugs. Your judgment and work performance can be altered by pain medication or the sedative agents and you should plan accordingly. ***Your signature below certifies...***

Initial the following:

- Your consent and request for Dr. Ajay Dhankhar or any dentist working with him to perform the following treatment, procedure or surgery under IV Conscious Sedation.
- Full treatment as described in my treatment plan.
- Your agreement to the administration of anesthesia, nitrous oxide/oxygen and or oral sedation as discussed with Dr. Ajay Dhankhar or any dentist working with him.
- Your authorization for Dr. Ajay Dhankhar to use his best judgment in managing unforeseen conditions which might unexpectedly arise during the course of the procedure.
- Your understanding that lack of cooperation with our recommendation during your care may result in less than optimum result.
- You understand that in event unforeseen complications that treatment may not be completed as planned.
- That you read and write English, understand the above information and have the opportunity to review and discuss it as well as your health history including any serious problems or injuries.
- That you are both mentally and physically competent to give this consent.
- You understand that sedation is different than general anesthesia and you will be conscious during the procedure.
- You agree that the proceedings of your treatment may be recorded or photographed as long as your identity is not revealed.
- That all statements requiring insertion or completion were filled in, and inapplicable paragraphs, if any were stricken before you signed.