



**DR. SCOTT B. YAMAOKA, D.D.S., M.S.**

**PERIODONTICS AND ORAL IMPLANTOLOGY**

**CONSENT FOR CONSCIOUS SEDATION**

This authorization and informed consent to oral, intramuscular or intravenous sedation is given to Dr. Yamaoka, of my own free will. The nature of the proposed sedation procedure, drugs to be used, their general actions, and foreseeable medication/dental risks and benefits were explained to me.

The purpose of conscious sedation is to lessen the undesirable side effects of long and/or stressful dental procedures by chemically reducing the anxiety, apprehension, and stresses sometimes associated with such procedures. I understand that in conscious sedation, small dose of various medication will be administered to produce a state of relaxation, reduce perception of pain and drowsiness, however, I will not be put to sleep as with a general anesthetic. In addition, local anesthetic will be administered to numb the areas of my mouth to be treated, and thus further control pain.

With injectable sedatives, a needle will be placed in a vein in my arm or hand, or in a muscle in my arm. I understand that the drugs to be used may include, individually or in combination:

- |   |  |
|---|--|
| <input type="checkbox"/> Versed (Midazolam) | <input type="checkbox"/> Demerol (Merperidine) |
| <input type="checkbox"/> Valium (Diazepam)  | <input type="checkbox"/> Toradol (Ketorolac)   |
| <input type="checkbox"/> Ativan (Lorazepan) | <input type="checkbox"/> Other _____           |

I understand complications may be associated with conscious sedation. These include pain, swelling or bruising, inflammation of a vein (phlebitis), infection, bleeding, discoloration, nausea, vomiting, and allergic reaction. I understand that, in extremely rare instances, damage to the brain or other artery-supplied organs, and even death, can occur. To help minimize risks and complications, I have disclosed to Dr. Yamaoka any and all drugs and medications that I am taking (especially sleeping drugs, tranquilizers, or cortisone), and any abnormalities or changes in my current physical status and/or past medical history. This includes any history of drug/alcohol abuse and any reactions to medications and/or anesthetics.

I also understand that anesthetics and medication/drugs may be harmful to the unborn child, and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Yamaoka of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the procedure.

Finally, I recognize that I must observe certain precautions in connection with conscious sedation:

1. I should have nothing to eat for 4 hours prior to the procedure and should not drink alcoholic beverages for 12 hours prior to the procedure, and 24 hours after the procedure.
2. I will arrange for a responsible adult to drive me to, and home from the procedure, and to stay with me until the effects of the sedation have worn off. Thus, I will not drive a motor vehicle or operate dangerous machinery on the day of the procedure.
3. I will not undertake any important business matters or strenuous activities on the day of the procedure.

Therefore, I have been fully informed of the nature of conscious sedation, the procedure to be utilized, the risks and the benefits of such, alternatives available, and the necessity for the follow-up. I have had an opportunity to ask any questions I may have in connection with the procedure and to discuss any concern with Dr. Yamaoka. Thus, after thorough deliberation, I hereby consent to the performance of conscious sedation as presented to me.

I CERTIFY THAT I HAVE FULLY READ AND FULLY UNDERSTAND THIS DOCUMENT.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Witness	Signature	Date

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