



Dr. Scott Yamaoka, DDS, MS, FRCD(c)

Diplomate of the American Board of Periodontology
Certified Specialist in Periodontics

CONSENT FOR PERIODONTAL SURGERY WITH ORAL SEDATION AND/OR IV SEDATION

Procedure (s): _____

I, the undersigned, hereby consent to the procedure (s) and anesthesia. I acknowledge that the procedure (s), its implications and possible complications have been explained to me along with the alternatives including not having any treatment. I understand that the procedure (s) will be performed under oral and/or intravenous sedation and I consent to the administration of this by Dr. Yamaoka. I also understand that during the course of my treatment, unforeseen circumstances may arise that make it advisable for an additional or alternate procedure to be performed and I consent to such reasonable additional or alternate procedures being performed on me.

Print name _____

Date _____

Signature _____

Patient

Parent or Legally Authorized Representative

I acknowledge receiving the pre and post operative instructions and they have been explained to me. I understand all the instructions and information given to me and after my discharge , I will notify Dr. Yamaoka if I experience any acute pain, heavy bleeding from the surgical site, respiratory distress or any other post operative concerns.

Print name _____

Date _____

Signature _____

Patient

Parent or Legally Authorized Representative