



Coral Dental Sedation and Anxiety Centre

CONSENT TO CONSCIOUS SEDATION FOR MEDICAL/DENTAL PROCEDURES.

I have been fully informed and declare the following:

1. I understand the nature of Conscious Sedation, the purpose of the procedure and the risks involved. I understand that no guarantee can be given with regards to the results obtained: Conscious sedation entails the administration of sedative and analgesic drugs to induce a reduced level of consciousness to such an extent that normal protective airway reflexes and spontaneous respiration are maintained, and cardiovascular function is unaffected. Conscious Sedation together with regional/local anaesthetic will put me/the patient, in a relaxed state to make minor surgery/dentistry possible, I understand that it is **not general anaesthetic and that I will not be unconscious**, and I will be able to respond to the instructions of the surgeon and/or sedationist.
2. Unforeseen complications may arise during sedation that may require additional or different medications or treatment. I authorize the sedationist to treat such complications according to his/her professional judgement.
3. I consent to the administration of such sedation drugs as may be considered necessary or advisable by the practitioner responsible for this service.
4. I understand that only one parent/escort will be allowed in the surgery whilst I/the patient is going under the sedation, then parents/escorts must wait in the waiting area until called by our recovery personnel.
5. I have had the opportunity to ask questions and I have been given the opportunity of alternative methods of treatment to my satisfaction.
6. I confirm that I have received written/oral instructions regarding the sedation, which I understand. I will abide by the pre-and postoperative instructions. I have completed a medical history questionnaire and have declared all drugs that I have taken during the last 6 months.



Coral Dental Sedation and Anxiety Centre

7. I understand that I must make arrangements for the care of children for at least 12 hours following the procedure and abstain from breast feeding while taking post operative antibiotics and for at least 12 hours following the sedation.

I,.....
(the patient/guardian of the patient) hereby consent to conscious sedation.

Address:_____

Contact No:_____

Patient's /Guardian's signature:

Relationship to Patient :

PRACTITIONERS DECLARATION: I have explained the procedure of conscious sedation, risks, alternatives and expectations to the patient/guardian and believe he/she has been adequately informed and consented.

.....
SIGNATURE

(Sedationist) Dr Gunjan Aggarwal DATE
BDS, Statutory Exam 2002, GDC No- 80322
PG Cert in Dental sedation and Pain Management, UCL