

Consent to Intravenous (IV) Conscious Sedation and Pre-Operative Instructions

Patients who have a clear understanding and expectation level before sedation and treatment have a greater peace of mind. The following instructions and information will help you prepare yourself and better ensure that your experience goes smoothly.

You must have a responsible adult to drive you home. IV medications cause prolonged drowsiness. You MUST have someone stay with you until you can take care of yourself; this may take up to 24 hours. During your recovery period, you should not drive, operate machinery or complicated devices, or make any important personal or business decisions.

I understand that unforeseen conditions may arise during the course of IV conscious sedation and this may require a change from the originally agreed upon treatment plan. I understand these changes determined by Dr. Tischler would be what is considered beneficial to my dental health.

Please wear loose fitting clothing and low-heeled shoes. You will have monitors attached during treatment.

Call our office (845) 679-3706 as soon as possible if you develop any cold or flu symptoms such as: Stuffy Nose; Sore Throat; Cough; Sinus Drainage; Fever

RISKS AND COMPLICATIONS:

Include but are not limited to: discomfort, swelling, bruising, infection, allergic reactions, nausea or pain at the injection site. There may be inflammation at the site of IV, which may cause prolonged discomfort, small possibility of nerve damage and/or disability and may require special care.

Nausea and vomiting, although uncommon, may be unfortunate side effects of IV conscious sedation. Intravenous conscious sedation is a serious medical procedure and, although considered safe, carries with it the risks and complications of heart irregularities, heart attack, stroke, brain damage, and death.

I have read the above and I understand that no treatment is without some measure of risk and the risks of the proposed treatment have been explained to me. I certify that I have been given the opportunity to ask questions and that all questions have been answered to my satisfaction. I further request and authorize Dr. Tischler to do whatever he deems advisable and necessary as a result of unforeseen circumstances.

Response Date: