



The purpose of this document is to provide an opportunity for you to understand, and give permission for, anxiolysis (a form of light sedation) as is to be provided along with dental treatment.

1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care.
2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that anxiolysis will be achieved by the following route: Oral Administration: I will take 1-2 pills approximately 60 minutes before my dental treatment begins. The sedation will last approximately to 1.5 - 3 hours (effects of medication will diminish over the following 24 hours).
4. I understand that the alternatives to anxiolysis are:
 - A. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - B. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities.
 - C. Intravenous (IV) sedation: The doctor will inject the sedative into a tube connected to a vein in my arm.
 - D. General Anesthetic: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia must be performed in a hospital by an anesthesiologist.
5. I understand that there are risks and limitations to all procedures. For anxiolysis these include:
 - A. Atypical reaction to drugs, which may require emergency medical attention and/or hospitalization; such as, altered mental states, atypical physical reactions, allergic reactions, and other sicknesses.
 - B. Inadequate response to dosage protocol may require the patient to undergo the procedure without a sedative effect.
6. I understand that I will be unable to discuss treatment options with the doctor should circumstances require a change in treatment plan. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem necessary.
 - A. I understand that I have the right to designate the individual who will make such a decision.
7. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently taking any drugs or medications whether recreationally or prescribed by a doctor.
8. I understand that I will not be able to drive, operate machinery, or make any important decisions for 24 hours after my after my procedure. I will need to have arrangements for someone to drive me to, if I take a pill beforehand, and from my dental appointment while taking medication.
9. I understand that time has been set aside for my treatment and that the fee for anxiolysis is applicable even if I cancel my appointment.
10. I understand that although the majority of the population responds predictably to oral sedation, individual results may vary and absolute sedative success cannot be guaranteed. I understand that anxiolysis has limitations and that because time has been set aside for me the sedation fee will apply regardless of my individual response to sedation protocols.
11. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
12. I understand that I am not to have any food or drink for 6 hours prior to appointment, I am not to consume any stimulants for 12 hours before or after my appointment (including caffeine), I am not to consume any sedatives for 24 hours prior to appointment (including alcohol), and I am not to wear contact lenses the day of the appointment.

I hereby consent to anxiolysis in conjunction with my dental care.

Patient Name

Signature

First Name:

Last Name

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