

Denise E. Fisher, D.D.S.
INFORMED CONSENT FOR SEDATION

I hereby acknowledge that I have read the "Sedation Information and Instructions" material provided to me by Dr. Denise Fisher, and do hereby give consent for Dr. Fisher to administer oral, intranasal and/or inhaled sedation medications to my child, _____ for the purpose of performing the following procedure(s) _____

I acknowledge that the dentist or designee has explained to me that oral, intranasal or inhaled agents will be given to reduce fear, anxiety or pain and to limit activity during the procedure. I am also aware that in order to prevent injury to my child or others, a restraining device known as a papoose board will be used.

In addition, I acknowledge that the known risks and benefits of receiving sedation drugs as well as the objectives of sedation and the anticipated changes in behavior both during and immediately following the procedure have been fully explained to me. I acknowledge my responsibility and need to maintain close vigilance over my child for approximately 12 to 24 hours following the procedure.

I acknowledge that my child has had nothing whatsoever to eat or drink since midnight last night, and that my child weighs _____ pounds.

I acknowledge that all questions I have asked concerning sedation have been answered to my satisfaction, and that all blank spaces were completed prior to my signature on this form.

I furthermore acknowledge that alternatives to treatment have been discussed with me, and include no treatment, treatment without sedation, treatment with general anesthesia, or seeking treatment elsewhere.

I am aware that if there are any postoperative problems, I should immediately contact the dentist at (773)772-7373, or in the event of an extreme emergency, seek immediate treatment at a nearby hospital.

I understand the information which has been provided to me, and wish for my child to receive sedation drugs and undergo the noted procedure(s).

Signature of Parent or Legal _____ (relationship) _____

Date _____

Witness _____