

Stuart M. Nunnally, D.D.S., F.A.G.D.  
Lane B. Freeman, D.D.S.  
Candice H. Owens, D.D.S.

## Informed Consent Documentation for Conscious Sedation

**This form is intended to document the discussion we have had regarding your planned conscious sedation procedure. If you are having dental treatment completed by another dentist in conjunction with the sedation, this form does not include the risks or benefits of that dental procedure.**

I, \_\_\_\_\_, request and authorize Dr. Stuart M. Nunnally/Dr. Lane B. Freeman, a general dentist, to administer conscious sedation medications to me in conjunction with a dental procedure being completed by \_\_\_\_\_.

The reason I am asking for these medications is \_\_\_\_\_  
\_\_\_\_\_.

Benefits of conscious sedation include reduced awareness of unpleasant sights, sounds and sensations associated with the dental procedure. Reduced anxiety should also occur.

Risks of conscious sedation include nausea/vomiting, allergy to medication, irritation and/or pain/swelling to skin and veins, breathing problems, brain damage, cardiac arrest and death.

I understand that it is critically important that I fully discuss my complete medical history with Dr. Nunnally/Dr. Freeman before sedative medications are administered.

Dr. Nunnally/Dr. Freeman has reviewed the written instructions with me, including expectations regarding food/drink intake, escort and activity after the sedation.

I acknowledge that no guarantee has been made as to the results that may be obtained.

During the discussion, I have had my questions answered to my satisfaction.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist: \_\_\_\_\_

Date: \_\_\_\_\_

(Please read information. This will be further discussed and signed at time of examination.)