



Great Lakes Sedation Anesthesia Consent

Please initial all lines at the left when you understand and agree with the statement.

----- This is my consent for William R. Moilanen, D.D.S. to provide oral or intravenous sedation.

----- It has been explained to me that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance, such risks include, but are not limited to:

Post operative nausea and/or vomiting, pain, thrombophlebitis (blood clot or clots), arterial puncture, infiltrations (fluids into the tissues), hematomas (bruises), temporary amnesia, laryngospasm, bronchospasm, allergic reactions, hypotension, hypertension, respiratory depression, and irregular heartbeat.

----- I consent to the administration of anesthesia, including local, nitrous oxide/oxygen (laughing gas) and/or oral or intravenous sedation in connection with the procedure(s) by my dentist of record and to the use of such anesthetics as may be deemed advisable with the exception of:

----- to which I am allergic.
(none or name of the particular anesthetic)

----- Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any vehicle, automobile or hazardous device for at least twenty-four (24) hours after my release from surgery or until further recovery from the effects of the anesthetic medication and drugs that may have been given or prescribed to me in the office for my care. I agree not to drive myself home after surgery and will have a responsible adult drive me and accompany me home after my discharge from surgery.

----- I have informed Dr. Moilanen of my past medical and health history including serious problems or injuries.

----- I understand and agree that I am not to have and/or have not had anything to eat or drink for six (6) hours.

----- I agree to cooperate completely with the recommendations of Dr. Moilanen while I am under his care, realizing that any lack of same could result in a less than optimal result.

----- I certify that I have had an opportunity to read and that I fully understand the terms and words within the above consent and the explanation(s) referred to or made, and that all the blanks or statements requiring insertion or completion were filled in and any inapplicable paragraphs, if any were stricken before I signed. I have had the opportunity to ask questions regarding the procedure(s), risks and benefits and alternative procedures, if any, and all of my questions have been answered to my satisfaction.

I also state that I can read and write English or an interpreter explained this form to my satisfaction.

_____	_____	_____
Patient	Parent/Guardian (if under 18)	Date
_____	_____	_____
Witness/Interpreter	Dentist	Date