



# SAN ANTONIO

PERIODONTICS & IMPLANTS

4501 McCullough Ste 104, San Antonio, TX 78212

Tel: 210.824.0111 [www.sanantonioperioandimplant.com](http://www.sanantonioperioandimplant.com)

## INSTRUCTIONS, AUTHORIZATIONS AND INFORMED CONSENT FOR INTRAVENOUS SEDATION

This authorization and informed consent for intravenous (conscious) sedation is given to either Dr. William H. Stalker or Dr. Steven C. Maller, (hereinafter, Doctor). It is given of my own free will after my Doctor has first explained the nature of the proposed sedation procedure, drugs to be used, their general actions and foreseeable medical and dental risks/benefits. Risks related to the sedation/procedure include possible adverse reaction to medications given, allergic reaction, cardiac arrest, brain injury, and death. Your vital signs will be monitored continuously throughout the procedure.

A needle will be placed in a vein in your arm, forearm or back of hand to establish intravenous (IV) access. A combination of the following drugs will be titrated to effect (given incrementally until the desired level of sedation is achieved): diazepam (Valium) or midazolam (Versed), and meperidine (Demerol) or fentanyl. The drugs may be used singly or in combination as discussed. They will make you feel very relaxed, non-apprehensive and sleepy, but you will NOT be unconscious. Other therapeutic drugs may also be administered. Local anesthetics will then be administered to control pain. As a result of your sleepy condition, certain precautions MUST be observed including, but not limited to the following:

- \*Advise your Doctor of any abnormal past history, physical status or medications/pills taken
- \*Advise your Doctor of any present or past history of drug use
- \*Do not take any medications WITHOUT the Doctor's approval and knowledge
- \*No alcoholic beverages prior to procedure
- \*It is requested that you wear loose, comfortable clothing with short sleeves
- \*Do not wear heavy eye makeup, false eyelashes, fingernail polish or contacts
- \*Following the procedure, a responsible adult is to accompany you home and remain with you until the effects of the medication have worn off
- \*It is generally advised that you observe the following dietary restrictions: No solid foods for 8 hours prior to appointment; no non-clear fluids for 6 hours prior to appointment; and no clear fluids for 2 hours prior to appointment.
- \*FEMALES: If there is any possibility of pregnancy, or if you are trying to become pregnant, a pregnancy test should be completed within 24 hrs of your appointment

Following the procedure and for the remainder of the day, you will not be able to:

- \*Drive an automobile or operate machinery
- \*Undertake business matters
- \*Drink alcoholic beverages
- \*Perform strenuous activities
- \*Take any medications without your Doctor's knowledge and approval

I certify that I have read fully and understand the above instructions, authorizations and informed consent for intravenous conscious sedation.

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

