Dental Anesthesia Northwest, PLLC

Richard J. Montandon, DDS
dentalanesthesianw@gmail.com
208-818-6527

INFORMED CONSENT FOR SEDATION AND ANESTHESIA

You have been scheduled to receive sedation or general anesthesia to permit you to be comfortable while undergoing necessary dental treatment. The following information is provided to you so you may understand the risks involved with having treatment under anesthesia. This information is not presented to make you more apprehensive, but to enable you to be better informed concerning your treatment. There are basically two choices for anesthesia: conscious sedation and deep sedation/general anesthesia.

I, _____ authorize a qualified member of the Dental Anesthesia Northwest, PLLC to perform the anesthesia as previously explained to me as:

_____ Conscious Sedation (nitrous oxide, oral or intravenous)
_____Deep Sedation / General Anesthesia

I understand that other anesthetic procedures may be necessary or required as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such agents by any route that is deemed appropriate by the anesthesiologist. I also understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthetic, and that these functions are independent of the surgery/dentistry being provided.

I have been informed and understand that occasionally there are complication of the drugs and anesthesia including, but not limited to: pain; hematoma; phlebitis; numbness; infection; swelling; bleeding; discoloration; nausea and vomiting; allergic reactions; fluctuations in breathing pattern, heart rhythm, and/or blood pressure; cardiac arrest; brain damage; coma; and death. I further understand and accept the risk that complications may require hospitalization.

I understand that anesthetic drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy with the understanding that this may necessitate the postponement of the anesthetic. For the same reasons, I understand that I must inform the anesthesiologist if I am a nursing mother.

Because medications, drugs, anesthetics, and prescriptions may cause drowsiness, dizziness or lack of coordination, which can be increased by the use of alcohol or other drugs, I have been advised not to make any major decisions until after recovery from anesthesia or prescriptions medications.

POSSIBLE ALTERNATIVE TREATMENT(S)

The treatment recommended for you was chosen because it is believed to best suit your needs. Some alternative forms of treatment may be available to you. This may include having no

Richard J. Montandon, DDS
dentalanesthesianw@gmail.com
208-818-6527

treatment at all, accepting your present oral condition and deciding to live without surgical correction or improvement.

Other possible courses of treatment are:

_____

_____

_____No other reasonable treatment option exists for your treatment.

ACKNOWLEDGMENT OF INFORMED CONSENT AND CONSENT TO UNDERGO SEDATION AND/OR ANESTHESIA IN CONJUNCTION WITH MY DENTAL TREATMENT

I have read and understood all of the risks and limitations involved with the course of the proposed sedation and/or general anesthesia, which will permit me to be comfortable while undergoing my necessary dental treatment. I understand that the purpose of this document is to acknowledge the fact that I am knowingly consenting to the anesthetic procedures and treatment recommended above.

I have also had the opportunity to ask my dental professional and the anesthesiologist professional questions relating to such treatment, its potential risks and limitations, and the potential alternative courses of treatment (if any). The treating anesthesiologist listed below has answered any questions I had regarding the proposed course of treatment and has given me information to aid in making this decision. All such questions have been answered by him/her to my satisfaction and at a level I understand.

I acknowledge that I have been provided and understand both pre-operative and post-operative anesthesia instructions.

It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure.

My signature below hereby signifies that I understand the nature of the proposed course of anesthetic administration and the known risks, complications, and limitations associated with such treatment. I wish to proceed with the recommended course of treatment and hereby give my informed consent for such treatment.

Patient or Guardian: _____ Date: _____

Anesthesiologist: _____ Date: _____

Witness: _____ Date: _____