

Your Smile Begins Here...



INFORMED CONSENT - ORAL CONSCIOUS (OR MINIMAL) SEDATION (“OCS”)

The purpose of this document is to provide you with the opportunity for patients to understand and give permission for oral conscious (or minimal) sedation (“OCS”) when provided along with dental treatment. Each item should be checked off after you have had the opportunity for discussion and questions.

1. I understand that the purpose of OCS is to more comfortably receive necessary care. OCS is not required to provide the necessary dental care. I understand that OCS has limitations and risks and absolute success cannot be guaranteed.
2. I understand that OCS is a drug-induced state of reduced awareness and decreased ability to respond. OCS is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. I understand that my OCS will be achieved by the following route:
 - Oral Administration: I will bring sedative(s) approximately one hour before my dental appointment. Dr. Pham/ staff will dispense the pills. The sedation will last approximately 2 to 3 hours.
4. I understand that the alternatives to OCS are:
 - No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
5. I understand that there are risks or limitations to all procedures. For sedation these include:
 - (oral sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time. Likewise, in compliance with state regulations, an additional dose or doses may be required to complete the procedure.
 - Atypical reaction to sedative drugs that may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions, and other sicknesses.
 - Inability to discuss treatment options with the doctor should circumstance requires a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
7. I have had the opportunity to discuss OCS and have my questions answered by qualified personnel including the doctor. I also understand that I must follow all the recommended treatments and instructions of my doctor.
8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.
9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to and from my dental appointment while taking oral sedatives.

I hereby consent to OCS in conjunction with my dental care.

Patient's Signature

Patient's Printed Name

Date

Witness