



**ENDODONTIC**

ASSOCIATES

Root Canal Therapy & Microsurgery

## **Oral Sedation (Anxiolysis) Informed Consent Form**

1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)
2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. 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 anxiolysis will be achieved by the following route:

Oral Administration: I will take a pill (or pills) approximately 45 minutes before my appointment. The sedation will last approximately 2 to 3 hours.

4. I understand that the alternatives to anxiolysis in this office are:
  - a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
  - b. Intravenous (IV) Administration: A nurse anesthesiologist will inject the sedative in a tube connected to a vein in my arm.
5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
  - a. Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
  - b. Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, allergic reactions, and physical reactions including possible respiratory depression.
  - c. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.