

**Implant Dentistry of Virginia**  
**Dr. Adam M. Hogan**  
**2021 Pleasure House Rd.**  
**Virginia Beach, VA 23455**  
**(757) 464-3514**

**Informed Consent for Oral Conscious Sedation**

I understand that the purpose of conscious sedation is to more comfortably receive dental care. It is not required to provide dental care. The alternatives to treatment under conscious sedation include: no sedation, intravenous sedation, and general anesthesia (deep sedation). Conscious sedation is a drug-induced decreased state of awareness. I will be able to respond during the procedure and my ability to function normally will return when the effects of sedation wear off.

There are risks or limitations to all procedures. For sedation these include but may not be limited to: inadequate sedation with an initial dosage that may require another visit to obtain appropriate sedation, atypical reaction to sedative drugs which may require another visit to obtain appropriate sedation, atypical reaction to sedative drugs which may require emergency medical attention and/or hospitalization (such as altered mental states, physical reactions, allergic reaction and other sickness), inability to discuss treatment options with the doctor should circumstances require a change in your treatment plan. 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 to be necessary.

I understand that I must notify the doctor if I am pregnant, lactating, have sensitivity to these or any other medications, am taking any medications, or if I am recovering from a drug addiction.

- ❖ I will not be able to drive or operate machinery for 24 hours after my procedure. I will need to have arrangements for someone to drive me to and from my dental appointment.
- ❖ I will have nothing to eat or drink after midnight prior to my procedure. I will not have any alcohol on night prior to my procedure. I will not have caffeine on the morning of my procedure. However, if I am a diabetic, I will check my blood glucose level and eat a very light breakfast (i.e. dry toast and small juice) if appropriate to obtain the correct blood glucose level.
- ❖ On the way home from the dentist, my seat in the car should be in the reclined position. I will lie down with my head slightly elevated when I get home. In order to prevent self-injury, someone should stay with me until I completely regain full coordination and awareness.

I have been fully advised of and accept the possible risks of oral sedation. It has been explained to me and I understand that there is no warranty or guarantee as to any result of my treatment. I have had the opportunity to ask questions and I am satisfied with the information provided to me.

I, \_\_\_\_\_ hereby consent to: \_\_\_\_\_  
Print Name Procedure

\_\_\_\_\_  
Patient Signature (Parent/Guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date