



Consent for Oral Sedation

1. I authorize and direct my provider to perform my dental procedure using oral sedation.
2. I understand, through discussions with my provider, the nature and purpose of the dental procedure and the need for anxiolytic agents. I also understand what alternative treatments are available and the advantages and disadvantages of each, including no treatment. The alternative treatments that have been discussed are no sedation, fear counseling, sedation with oral Halcion, referral to a dentist who will use IV sedation, or general anesthesia including going to a hospital for a general anesthetic.
3. I understand there are various risks, consequences, or complications that could result from using oral sedation. Risks include nausea, hallucinations, amnesia of the procedure, hyperactivity, dizziness, loss of coordination, sleepiness, laughing or crying.
4. I understand that anesthetic (ex. Novocain) will likely still be required during the dental procedure.
5. **I understand that oral sedation will likely not result in me being "put to sleep".** Even though some patients do fall asleep, it's not meant to replace moderate sedation or general anesthesia.

Patient Name: _____

Patient or Guardian Signature: _____ Date: _____

Guardian Name: _____ Relationship: _____

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