

D. Brock Lynn, D.D.S. M.S.  
6190 LBJ Frwy, Suite 900  
Dallas, TX 75240  
(972) 934-1400

### CONSENT FOR CONSCIOUS SEDATION

The following is provided to inform the patient of anesthesia choices, as well as the risks involved in having treatment under conscious sedation. This information is not presented to make patients more apprehensive but to enable them to be better informed regarding their anesthesia. The alternatives to conscious sedation are local anesthesia only, nitrous oxide (laughing gas) with local anesthesia, oral sedation with local anesthesia, or general anesthesia. These can be administered, depending upon an individual patient's medical requirements, either in an office (except general anesthesia) or in a hospital setting. Local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure.

I \_\_\_\_\_ hereby authorize and request Dr. D Brock Lynn, Jr., to perform the anesthesia as previously explained to me and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of (I.V.) conscious sedation by intravenous infusion.

I have been informed and understand that occasionally, there are complications with anesthesia, including but not limited to: pain, hematoma (bruising), numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, fluctuations in breathing pattern, heart rhythm and or blood pressure; brain damage, cardiac arrest and death. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, oral sedation, nitrous oxide, conscious sedation and general anesthesia may vary. I understand that anesthetics, medication, and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the doctor of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason, I understand that I must inform the doctor if I am a nursing mother.

Because the medications, drugs, anesthetics, and prescriptions may cause drowsiness and disorientation which can be increased by the use of alcohol or other drugs. I have been advised, not to operate any vehicle or hazardous device, for at least twenty-four hours or longer until recovered from the effects of the anesthetic, medications, and drugs that may be given to me for my care. I have been advised not to make any major decisions until recovery from anesthesia.

NITROUS OXIDE CONSCIOUS SEDATION INFORMED CONSENT

I, the undersigned, give permission for Dr. Brock Lynn and his staff to perform nitrous oxide conscious sedation.

I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carries certain common risks, hazards, and unpleasant side effects which are infrequent but nonetheless may occur. They include but are not limited to the following:

- 1. Nausea and vomiting - rare but can occur in some individuals. Be sure to tell the doctor or staff if you are experiencing some discomfort. We can quickly adjust the level of sedation to your comfort.
- 2. Excessive perspiration - a flushed feeling.
- 3. Behavioral problems - some patients experience vivid dreams or thoughts.
- 4. Shivering - usually at the end of the procedure.
- 5. Inability to drive a motor vehicle at the end of appointment - You may not feel comfortable or capable of driving after nitrous oxide sedation. If this occurs we will keep you until you feel better or have a friend or cab drive you to ensure your safety. This is very rare.

Alternatives include no sedation, oral or I.V. sedation, and general anesthesia. These alternatives also entail risks.

The benefits one can expect from nitrous oxide conscious sedation include relief of anxiety and some pain control, relief of gagging, and reduction of overall stress.

I have been fully advised of and completely understand the alternatives to sedation and general anesthesia and accept the possible risks and dangers. I acknowledge the receipt of 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. I have had the opportunity to ask any questions about my anesthesia and am satisfied with the information provided to me.

Signature of Patient or person authorized to consent for patient.	Date	
s	Date	Witness
Signature of Patient or person authorized to consent for patient.	Date	
Witness	Date	
Signature of Patient or person authorized to consent for patient.	Date	
Witness	Date	
Signature of Patient or person authorized to consent for patient.	Date	

Updated 08-09-06