

North Dallas Oral & Maxillofacial Surgery
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915 w. exchange pkwy suite 210
Allen, TX 75013

CONSENT FOR INTRAVENOUS SEDATION/ANESTHESIA

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions about your proposed treatment, please ask your doctor BEFORE initialing or signing this form.

You have chosen (circle one) **intravenous sedation/general anesthesia** for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous anesthesia are noted below for your review before you consent to its use:

- _____ 1. Allergic reactions (previously unknown) to any of the medications used.
- _____ 2. Discomfort, swelling or bruising at the site where the drugs are placed into a vein.
- _____ 3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
- _____ 4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
- _____ 5. Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.

YOUR OBLIGATIONS:

- _____ 6. Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- _____ 7. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- _____ 8. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK for six (6) hours** prior to your anesthetic. **TO DO OTHERWISE MAY BE LIFE-THREATENING!** (Note: If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office.

CONSENT

I have read and understand the above paragraphs and realize that intravenous sedation/general anesthesia carries with it certain serious risks. I request that intravenous anesthesia be used for my surgery. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I do / do not request hospitalization for my anesthetic. I certify that I speak, read and write English.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. When did you last have anything by mouth? Date: / / am/pm
2. What did you have? _____

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date