Allred Dental
955 Boardwalk Suite 201
San Marcos, CA 92078

Moderate Sedation

I, the undersigned patient, hereby give my consent for the undersigned provider to administer an anesthetic prior to the dental procedure(s) or course(s) of treatment listed below in order to achieve conscious sedation using intravenous or oral medications. I have agreed to the use of the anesthetic(s) listed below to achieve the desired anesthesia affect. However, I understand that the desired state of anesthesia may not be achieved alone and other anesthetic procedures or drugs may be required. I consent to the use of these additional procedures and drugs.

I understand the risks inherent in anesthesia. I have discussed these risks with the dentist and acknowledge that they include, but are not limited to: allergic reaction, infection, bleeding, phlebitis (irritation of vein), nausea, blood clots, loss of limb function, paralysis, stroke, heart attack, brain damage, or death.

I am aware of the fact that I will not be able to drive or operate any dangerous device for at least 24 hours after the procedure. I understand that I must have someone transport me to and from the office and care for me until I am able to care for myself.

I agree to abstain from any food or drink (except clear liquids) for at least 6 hours before the procedure(s) or course(s) of treatment. I understand that my not refraining may result in complications during or postponement of the procedure(s) or course(s) of treatment.

I give permission for the undersigned provider and any of his/her qualified associates to administer the anesthetic.

I have been given the opportunity to ask questions and express concerns I have about the anesthesia. The undersigned provider has answered my questions and addressed my concerns.

I confirm that I understand this form and the information contained therein. I am a native speaker of English or have been offered the services of a qualified translator who has explained the information in my native tongue.

Medications to be used: Fentanyl, Versed, Nitrous Oxide, and Local anesthetics.

_____	_____	_____	_____
Patient Name	Signature	Date	Office Signature