

INFORMED CONSENT FOR ORAL SEDATION

The medication we may be prescribing is Diazepam (Valium). This medication can greatly minimize anxiety that may be associated with your upcoming procedure. In a relaxed state, you will still be able to communicate with the provider while treatment is being performed. Even though it is safe, effective and wears off rapidly after the visit you should be aware of important precautions and considerations.

Benefits of conscious sedation include reduced awareness of unpleasant sights, sounds and sensation. Reduced anxiety should also be present. Risks of conscious sedation include nausea/vomiting, allergy to medication, irritation and/or pain/swelling to skin, breathing problems, brain damage, cardiac arrest and death.

I understand that it is critically important that I fully discuss my complete medical history with the provider before sedative medications are prescribed.

You should not use these medications if you are pregnant, breast feeding, or have significant liver or kidney disease.

Tell the provider if you are taking the following medications as they can adversely interact with sedation medications: nifedipine (Procardia); cimetidine (Tagamet, Tagamet HB, Novacimetine, or Peptol); levodopa (Dopar or Larodopa) for Parkinson's disease; antihistamines (such as benadryl and travist); verapamil (Calan); diltiazem (Cardizem); erythromycin and azole antimycotics (Nizoral, Biaxin, Orporanox); HIV drugs, indinavir and nelfinavir; and alcohol. Of course taking recreational/illicit drugs can also cause untold reactions.

The provider has reviewed the written instructions with me including expectations regarding food/drink intake, escort and activity after the sedation.

DO NOT DRIVE AFTER TAKING ORAL SEDATION.

During the discussion, I have had my questions answered to my satisfaction.

By signing below, I acknowledge that I have fully read and understood the above information. I accept the risks, benefits, and potential complications of this treatment and hereby give my informed consent. I hereby release the doctor, the providers, and the facility from liability associated with this treatment.

Signature: _____ Date: _____