

Patient Name: _____

CONSENT FOR SEDATION

I acknowledge consent for Dr. Gordon Roznik, D.M.D. to perform the treatment indicated on my examination chart, as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned operation. I also agree to the use of local anesthetic, intravenous sedation, and/or analgesic, depending upon the judgment of Dr. Roznik.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination can be increased by the use of alcohol or other drugs. (I have provided as accurate and complete a medical and personal history as possible including antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic.) I have been advised and agree not to operate any vehicle or hazardous devices for at least 24 hours until fully recovered from the effects of the anesthetics, medication and drugs that may have been given to me.

I acknowledge the receipt of preoperative instructions and understand that I have had nothing to eat or drink for at least 8 hours prior to receiving an Intravenous Conscious anesthetic. In addition, I acknowledge that I will have written post-operative instructions and will have a specific appointment date to return to the office if I need to do so. It has been explained to me and I understand that there is no warranty or guarantee as to any result and or cure. I understand that I can ask any questions regarding my treatment.

CONSENT FOR ALTERATION and ACCEPTANCE of TREATMENT

I _____ have agreed to the treatment described and have had all questions answered to my satisfaction. I understand that attempts have been made to include all possible scenarios of treatment that may be required. I also understand that unforeseen circumstances and esthetic consideration of the final restorations may/will occur during the course of treatment. If any change is required or approval and acceptance of the final restoration. **I agree to:**

_____ Have my spouse/companion _____ informed of the change in treatment, all procedures, option, possible outcomes, and fees explained and I authorize this person to accept the change treatment during my sedation. The above person may consent to the final placement and cementation of any restoration pertaining to esthetic consideration.

_____ I consent to allow the treatment doctor to exercise his professional judgment to proceed with proper required treatment cautioning towards the side of conservation. Also, the doctor has consent to make final judgment on esthetic issues pertaining to restorations. I understand that this may mean additional fees to my treatment.

_____ I would like the treating doctor to stop treatment in the event of any change, and temporize any work, in an acceptable manner. I will decide on treatment after my recovery and after new treatment options, outcomes and fees have been satisfactorily explained to me. I understand that this may result in additional appointments to complete treatment and possible additional fees.

This is an effort to maintain the established partnership in which everyone is an active participant in treatment. With an open exchange of information and mutual consent, we feel the best possible outcome will be achieved.

Patient Signature _____ Date _____