

Patient Name: \_\_\_\_\_

**CONSENT FOR SEDATION**

I acknowledge consent for Gordon Roznik, D.M.D. to perform the treatment indicated on my examination, as previously explained to me, and any other procedure deemed necessary or advisable relative to the planned treatment.

I agree to the use of local anesthetic, intravenous sedation, and/or analgesic, depending upon the judgment of the treating dentist. Medications, drugs, anesthetics and prescriptions may cause drowsiness; and lack of awareness and incoordination 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 am aware that I must be driven to the office and that my driver must stay for the duration of the appointment.**

I acknowledge the receipt of preoperative and post-operative instructions. My treatment has been explained to me and I have had the opportunity to ask any questions regarding my treatment. I understand that there is no warranty or guarantee as to any result and or cure.

**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 decisions for the final restorations may/will arise during the course of treatment.

**If any change is necessary, or approval and acceptance of the final restoration is required, I agree to ONE of the following (PLEASE CHOOSE ONE OPTION ONLY):**

\_\_\_\_\_ Have my spouse/companion \_\_\_\_\_ informed of the change in treatment, all procedures, options, possible outcomes, and fees explained and I authorize this person to accept the changed treatment during my sedation. The above person may consent to the final placement and cementation of any restoration after approving the esthetics (appearance) of the restoration.

\_\_\_\_\_ I give consent for the treating dentist to exercise his professional judgment and proceed with proper required treatment leaning toward the side of conservation. Also, the dentist has consent to make final judgment on esthetic issues pertaining to restorations. **I understand that this may mean additional fees for my treatment.**

\_\_\_\_\_ I would like the treating dentist 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 \_\_\_\_\_