

David Atherton DDS
17130 Avondale Way Ne suite 118
Redmond, WA. 98272
425-869-1830

CONSCIOUS SEDATION CONSENT FORM

Your child will be given oral (by mouth) medicine that will result in a mild sedation. The medication takes approximately 10 minutes to one hour to take effect; therefore, once the sedation is given, the patient will remain in the waiting room with the parent or guardian during this time. This level of sedation will not put your child to sleep. The purpose of this mild conscious sedation is to relax your child, relieve anxiety, and make his or her dental visit as easy as possible. Because this is a mild sedation, it has limited success and sometimes a child's fear may override the calming effects of the sedation medicine.

Before your child's sedation visit, you should follow these important safety instructions.
IF NOT FOLLOWED, THE DENTAL SEDATION WILL BE CANCELLED.

*** Do **NOT** allow your child to eat **ANYTHING**; a few teaspoons of clear liquid is ok if needed, **absolutely no** dairy products after midnight. Do not allow him/her to chew gum, eat vitamins, hard candy or mints. It is dangerous to be sedated with food or liquid in the stomach. The stomach must be completely empty prior to sedation; otherwise, a serious complication known as aspiration may occur, which could result in death.

*** In addition, in order to avoid putting your child at risk during sedation, we must be fully informed of any changes in his/her health history between now and the sedation date; such as nasal congestion, cough, sore throat, fever, runny nose, breathing problems or any complications relating to asthma.

Sedation, used in conjunction with nitrous oxide and oxygen analgesia, helps decrease anxiety and assists in the child being more relaxed and comfortable. This also helps to minimize the need for hospitalization.

SUPERVISION FOLLOWING SEDATION:

Direct supervision by an adult is required since your child may be drowsy anywhere from five to six hours.

I understand that Dr. Atherton and or Dr. Kawakubo **MUST** be informed at least **48 hours** prior to the sedation appointment of any illnesses or if there are any changes in my child's health history. I also understand that consumption of any food or drink prior to sedation will result in cancellation of the procedure. I do hereby consent to administer conscious sedation to my child.

Please be aware that the fee for sedation is \$75.00 and is **NOT** covered by my dental insurance. This fee is to be paid at the time of the procedure.

Signature of Parent

Date

Patients Name

Date