



# PEDIATRIC DENTISTRY

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## Consent for Conscious Sedation

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

I hereby authorized Dr. Skip Tyson and Dr. Stephanie Heaney to perform necessary dental treatment on my child/legal ward utilizing conscious sedation techniques. I understand that my child is either unable to be treated in a cooperative patient-doctor setting using usual and customary dental techniques or the procedure requires the need for conscious sedation. The purpose and nature of the need for conscious sedation has been fully explained to me.

I fully understand there is a possibility of surgical and/or medical complications developing during or after the procedure. These risks and side effects may include adverse reaction to a drug, or atypical psychological response that may even cause necessary hospitalization, further surgical procedures, disability, and system impairment, permanent or temporary nerve damage, brain damage and death. In addition to oral sedative medications, nitrous oxide and oxygen will be used to supplement the sedation and deliver oxygen. Risks of complications with nitrous oxide are rare, and its effects are completely gone in five minutes after it is stopped. The most common complications are nausea and vomiting. I further authorize Dr. Skip Tyson and/or Dr. Heaney to perform treatment as may be advisable to preserve the health and life of my child or legal ward.

Proper and acceptable measures will be taken to optimize your child's safety and to achieve quality dentistry. These measures include a mouthprop and papoose blanket to prevent sudden movements and to provide your child with a secure environment. Whenever possible, a rubber dam will be used. Additionally, local anesthesia are as stated for sedative medications. The alternative of not using local anesthesia would cause a great deal of discomfort.

I understand that sedation may prove partially or completely ineffective in managing my child or legal ward. In such an instance the planned treatment may not be possible or may require several appointments using these conscious sedation techniques to complete the necessary dental work and/or alternative treatment may be instituted.

I have been provided with an explanation of alternatives to treatment and understand the risks of not being treated for the dental condition.

I have carefully read the above and in addition have had all of my questions in regard to sedation to be administered, the outlined risks, and side effects answered.

I do give my free and voluntary informed consent to the same.

Date \_\_\_\_\_ Time \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Witness \_\_\_\_\_ NPO \_\_\_\_\_ Meds \_\_\_\_\_