

# Manteca Dental Care

| Rick Van Tran, DDS |

## Consent for Patients Receiving Sedation

Sedation will make your dental treatment a very pleasant experience. It is suitable for most people, but everyone's tolerance is unique. If you are not in good health or if you are taking medication, you need to let us know, so the sedation can be modified to suit your needs.

Therefore, you must report:

- Any and all personal illness and allergies – no matter how insignificant they may seem to you.
- Any medication or drugs, prescribed or recreational, that you have taken within the last three (3) weeks, including but not limited to: heroine, crack, cocaine, methadone, opium, and/or marijuana.

Preceding your appointment, you must plan your day so that the following instructions can be observed:

1. Someone must escort you to our office, and wait inside the building until your sedation has begun. Someone must be available to take you home when the sedation is completed. If you arrive at our office unescorted, we will not be able to perform the sedation.
2. Do not eat or drink anything for at least eight (8) hours prior to your appointment.
3. Wear low heeled shoes and loose fitting clothing with sleeves that can be draw up past the elbow.
4. Remove contact lenses.
5. Be on time for your appointment!
6. Take your normal medications unless otherwise directed.
7. Women only: Patients who are breastfeeding need to prepare for feeding post-appointment: pump and discard for a minimum of six (6) hours after being sedated.

**These instructions are important.** Failure to observe them will automatically result in cancellation of your treatment that day. The sedative drugs used will cause drowsiness for several hours and alter your judgment and reflexes substantially. They will also alter the actions of certain other drugs.

Following your appointment, you must specifically agree:

1. Not to drive or operate machinery.
2. Not to undertake responsible actions or decisions (including watching children and cooking).
3. **ABSOLUTELY NO DRUGS OR ALCOHOL** 24 hours before or after treatment.

I have read the above instructions and agree to follow them.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

521 East Center Street · Manteca, CA 95336  
(209) 823-9218 (office) · (209) 823-1134  
[www.mantecadentistry.com](http://www.mantecadentistry.com)

# REQUEST FOR ANESTHESIA AND SEDATION

It is our moral and legal obligation to give you the information necessary to make an educated decision in requesting treatment. The benefits of therapy are usually greater than the risk, but just as there are risks involved with driving a car, there are events that can occur with any type of treatment. These are being explained to inform and educate you, not to alarm you. Eliminating surprises will make your care go more smoothly. As with any dental procedure you **must** advise us of your medical status including a complete disclosure of all medication and/or drugs that you are currently taking with special notice to us if you are pregnant or have glaucoma.

## Routine Aftermath

\_\_\_\_\_ Initials

1. Minor oozing of blood from the surgery sites, if you are having teeth pulled, which will require you to use gauze pressure packs for the first 24 to 36 hours.
2. Postoperative discomfort and swelling which may require several days of home recuperation.
3. Chapping of the lips caused by stretching the corners of the mouth during surgery.
4. Stiffness of the jaws and restricted mouth opening from several days to several weeks depending on the extent of the treatment.
5. Possible temporary amnesia.
6. Temporary side effects may include but are not limited to ataxia, abnormal gait, confusion, & lethargy.

**Medication, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs.** It would be wise not to operate any vehicle, automobile or hazardous device while taking such medication and/or drugs. Your judgment and work performance can be altered by pain medication or the sedative agents and you should plan accordingly. Your signature below certifies . . .

- Your consent and request for Dr. Tran to perform treatment, procedure, or surgery as indicated.
- Your understanding that on rare occasions, individual patient differences can result in relapse of a condition in spite of our efforts to provide optimum care. In this event you understand that selective re-treatment may be necessary.
- Your agreement to the administration of proposed anesthesia as discussed with Dr. Tran.
- Your authorization for Dr. Tran to use his best judgment in managing unforeseen conditions which might unexpectedly arise during the course of the procedure.
- Your understanding that your lack of cooperation with our recommendation during your care may result in less than optimum results.
- That you read and write English, understand the above information and have had the opportunity to review and discuss it.
- That you have disclosed your full medical health history, including any allergies.
- That all statements requiring insertion or completion were filled in, and inapplicable paragraphs, if any were stricken before you signed.
- That you are both mentally and physically competent to give this consent.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist: \_\_\_\_\_

Date: \_\_\_\_\_

# INFORMED CONSENT DISCUSSION FOR ANESTHESIA/SEDATION

## Facts for Consideration

Anesthesia is a matter of degrees on a continuum beginning at a low level called "light" and adjusted to lighter or deeper levels depending on the patient's tolerance for pain and/or response to the drugs used.

Occasionally, during dental treatment patients cannot understand or cooperate due to psychological or emotional immaturity, a cognitive, physical or medical disability, or fear and anxiety. Under such conditions, they may become dangerous to themselves, the staff, and the dentist. In addition to behavior management through communication techniques, or immobilization to provide safe delivery of dental treatment, the dentist may also identify the need for a chemical sedation or anesthesia for the patient's comfort and behavior management.

Patients may require local anesthesia, light to moderate conscious sedation, deep sedation or general anesthesia for their comfort during the performance of dental restorations or surgical procedures. Your dentist will recommend and explain to you which type of anesthesia might be appropriate for your individual medical/dental needs.

### Option 1: Nitrous Oxide/Oxygen Inhalation Sedation

\_\_\_\_\_ Nitrous Oxide/oxygen inhalation is a mild form of conscious sedation used to calm an anxious patient. A colorless, odorless gas that has no explosive or flammable properties, it can act as a pain buffer as well. Oxygen is given simultaneously with the nitrous oxide through a small mask placed over the nose. Pure oxygen, given at the end of treatment, is intended to flush the nitrous oxide out of the patient's system and minimize the effects of the gas. The patient is observed while nitrous oxide is administered and until the patient is fully recovered from its effects.

\_\_\_\_\_ **Risks include, but are not limited to:** An early effect is an inability to perceive one's spatial orientation and temporary numbness and tingling. Nausea and vomiting may occur. If the patient will not accept the mask, nitrous oxide/oxygen cannot be used.

\_\_\_\_\_ **Potential Benefits:** The patient remains awake and can respond to directions and questions. Nitrous oxide helps overcome apprehension, anxiety, or fear.

### Option 2: Local Anesthesia

\_\_\_\_\_ Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment.

\_\_\_\_\_ **Risks include, but are not limited to:** It is normal for the numbness to take time to wear off after treatment, usually 2-3 hours. However, it can take longer and rarely the numbness is permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur

\_\_\_\_\_ **Potential Benefits:** The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the treatment.

Options 3: Conscious Sedation

\_\_\_\_\_ Conscious sedation is a controlled, drug induced, minimally depressed level of consciousness that allows the patient to breathe independently and continuously respond appropriately to physical stimulation and/or verbal command, e.g., "open your eyes".

\_\_\_\_\_ This type of anesthesia may be administered orally (a drink) or through a tube to a needle in the vein.

\_\_\_\_\_ **Risks include, but are not limited to:** Infection, swelling, discoloration, bruising, headache, tenderness at the needle site and vein, dizziness, nausea, and vomiting can occur. Adverse reactions to medication, including allergic and life-threatening reactions, are possible though rare. With any patient, reflexes are delayed. **Children patients** can have an immediate response to oral conscious sedation similar to a temper tantrum before the medication calms them. **Adult patients** should not drive a car or operate machinery for 24 hours because the effects of sedation remain in the system even after the patient is awake and mobile.

\_\_\_\_\_ **Potential Benefits:** Pain is lessened or eliminated during the dental treatment. Stress and anxiety are greatly reduced and often there is no memory of the treatment.

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

Patient Weight: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have sufficient information to give my consent as noted below.

I give my consent for the use of:

Nitrous Oxide/Oxygen Inhalation Sedation  Local Anesthesia  Conscious Sedation

I refuse to give my consent for the proposed anesthesia.

I have been informed of and accept the consequences if no treatment is administered because I do not agree to the proposed anesthesia modality. The consequences include, but are not limited to: tooth loss, infection, decay and the need for additional restorations.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I have discussed the risks, benefits, consequences, and alternatives of anesthesia with \_\_\_\_\_ who has had the opportunity to ask questions and, I believe, understands what has been explained.

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Deposit For Appointment Over Two Hours

Due to high hourly overhead costs of dental office and the lengthy duration of your visit, we require a deposit of **\$275.00** to secure your scheduled time with Dr. Tran or his Registered Dental Hygienist(s).

A large block of valuable time has been set aside especially for you with Dr. Tran/RDH and assistants. We will make a courtesy call to you one (1) to two (2) days in advance to help remind you of your appointment. **If you are unable to keep your scheduled appointment, we need to be notified a minimum of one week in advance, otherwise you forfeit your deposit.** There is a waiting list for these operative appointment times and other patients are waiting to accept these times and they need to arrange their schedules for these appointments.

**YOU WILL BE CHARGED FOR YOUR DEPOSIT FOR THE PROCEDURE VISIT IF  
YOU MISS YOUR SCHEDULED APPOINTMENT OR FAIL TO CALL ONE WEEK IN  
ADVANCE TO RESCHEDULE.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_