

## CONSENT FOR INTRAVENOUS (IV) SEDATION

I, the undersigned, hereby consent to receive intravenous (IV) sedation provided by the dentist and/or medical staff of Nostra Dental Clinic. I understand the following:

### Nature of IV Sedation

IV sedation is used to help relax and minimize anxiety during dental procedures. The medication will be administered through a vein and may cause drowsiness, reduced awareness, and lack of memory of the procedure.

### Possible Risks & Complications

While IV sedation is generally safe, I understand that all medical procedures involve risks, including but not limited to:

Nausea or vomiting

Dizziness or lightheadedness

Allergic reactions

Breathing difficulties

Damage to blood vessels or tissues

Changes in blood pressure, heart rate, or oxygen levels

I acknowledge that I have had the opportunity to discuss these risks with the dental team and that all my questions have been answered to my satisfaction.

### Pre-Procedure Instructions

I understand that I must avoid eating or drinking for at least 6 hours prior to the procedure.

No alcohol should be consumed prior to the sedation appointment.

I agree to disclose any current medications, supplements, or health conditions that might affect the sedation process (e.g., heart conditions, breathing problems, allergies).

I acknowledge the importance of having an escort present to drive me home after the procedure due to the effects of the sedation, and that the escort will arrange for you to be looked after for the following 24hrs.

### Post-Procedure Care

I agree to follow the post-sedation care instructions provided by Nostra Dental Clinic, which may include rest, hydration, and avoiding certain activities (e.g., operating machinery, signing legal documents).

### Patient Statement:

I, the undersigned patient, have read and fully understand the information provided in this consent form. I have had the opportunity to ask questions and am satisfied with the answers provided. I acknowledge that I am giving my consent voluntarily and understand the risks involved with IV sedation.

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

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

