

CONSENT TO ORAL CONSCIOUS SEDATION

1. I authorize dental procedures utilizing oral conscious Sedation techniques under the direction of Dr. Michael Tischler.
2. The nature and purpose of the procedure, possible alternative methods of treatment, the risks involved and the possibility of complications have been fully explained to me by Dr. Tischler. No guarantee or assurance has been given by anyone as to the results that may be obtained.
3. I understand that unforeseen conditions may arise during the course of Oral Conscious Sedation and this may require additional or different medications. I authorize and request Dr. Tischler to remedy such conditions as may be best advisable in his professional judgment.
4. I consent to administration of such medications, procedures, and anesthesia as may be considered necessary or advisable by the dentist responsible for this service.
5. For the purpose of advancing dental education, I consent to the taking of photographs of the procedure providing that said photographs shall not identify me by name, if used outside the Medical Record.
6. I understand that sometimes an originally agreed upon treatment plan may change due to unforeseen dental conditions discovered during a dental procedure. I understand that changes to a pre-approved treatment plan may need to be made while I am under sedation if Dr. Tischler determines these changes to be beneficial to my dental health. I understand that these changes may reflect an increased financial responsibility.
7. I have been given an opportunity to ask questions and I fully understand the above information.
8. I have been given post operative home care instructions and have been instructed not to drive a motor vehicle for 24 hours after recovery. I have ascertained a ride home from this surgical appointment.

Response Date: